



D.C. DEPARTMENT OF CORRECTIONS:

Correctional Treatment Facility & Central Detention Facility Inspection Report FY 2017



Correctional Treatment Facility



Central Detention Facility

**District of Columbia
Corrections Information Council**

Published January 8, 2018
Updated February 14, 2018



District of Columbia Corrections Information Council

Charles Thornton, Board Chair
Phylisa Carter, Board Member
Katharine A. Huffman, Board Member
Calvin Woodland, Jr., Board Member

Michelle Bonner, Executive Director

About the District of Columbia Corrections Information Council

The District of Columbia Corrections Information Council (CIC) is an independent oversight body mandated by the United States Congress and the Council of the District of Columbia to inspect, monitor, and report on the conditions of confinement in correctional facilities where inmates from the District of Columbia are incarcerated. This includes facilities operated by the Federal Bureau of Prisons (BOP), the District of Columbia Department of Corrections (DOC), and private contractors.

The CIC reports its observations and recommendations to the District of Columbia Representative in the United States Congress, the Mayor of the District of Columbia, the Council of the District of Columbia, the District of Columbia Deputy Mayor for Public Safety and Justice, the Director of the FBOP, the Director of the DOC, and the community.

Although the CIC does not handle individual complaints or provide legal representation or advice, individuals are still encouraged to contact the CIC. Reports, concerns, and general information from D.C. inmates and the public are very important to the CIC, and they greatly inform our inspection schedule, recommendations, and reports. However, unless expressly permitted by the individuals or required by law, names and identifying information of inmates, corrections staff not in leadership, and members of the general public will be kept anonymous and confidential.

DC Corrections Information Council

2901 14th Street, NW
Ground Floor
Washington, D.C. 20009
Phone: (202) 478-9211
Email: dc.cic@dc.gov

Executive Summary

D.C. Department of Corrections: Correctional Treatment Facility (CTF) Central Detention Facility (CDF/D.C. JAIL)

Date of Inspections:

June 22, 2017 & June 23, 2017 (CTF)
September 26, 2017 & September 27, 2017 (CDF)

CORRECTIONAL TREATMENT FACILITY AND FEMALE PROFILE

from D.C. Department of Corrections Facts and Figures, October 2017

CTF Security Level: Minimum to Medium	CTF Population, 6/22/17: 764 (150 Female) ¹
CTF Capacity: 1,200	Median Age of Female Inmates: 34.09 y/o
CTF Average Daily Population, 2017: 643 (147 Women)	Average Length of Stay for Female Inmates: 92 days

CENTRAL DETENTION FACILITY AND DOC MALE PROFILE

from D.C. Department of Corrections Facts and Figures, October 2017

CDF Security Level: Multi-Level	CDF Population, 9/26/17: 1,355 ²
CDF Capacity: 2,164	Median Age of Male Inmates: 32.4 y/o
CDF Average Daily Population, 2017: 1,349	Average Length of Stay for Male Inmates: 159 days

OBSERVATIONS SUMMARY

- The DOC assumed operations of the CTF on Feb. 1, 2017. This allowed DOC to make changes in the use of space at CTF and CDF, such as moving the age 50+ Unit and the Work Readiness Unit to CTF. However, the DOC operation of the CTF means that the DOC must now staff two facilities, which has led to staff shortages. Staff shortages have had consequences such as reduced recreation time, long wait times for legal visits, and long shifts for workers.
- The DOC operation of both the CDF and CTF has highlighted the relative lack of programming at CDF. The programming units at the CTF, including RSAT, the GED Unit, and Reentry Units, provide education and skills that help with successful reentry, but they are all at the CTF. Work Readiness has moved from the CDF to the CTF as well. However, there are over twice as many people housed at the CDF than at the CTF.
- Although men are supposed to be in the CDF's Intake Unit for a maximum time of 72 business hours, inmates are there for several weeks. Inmates describe deplorable conditions, and the staff describe it as "the most dangerous unit" at the jail.
- While the DOC, DC Public Schools (DCPS), and Office of State Superintendent for Education (OSSE) have an agreement to provide special education to inmates 18-22 year-old who qualify under Individuals with Disabilities in Education Act (IDEA), there is a lack of instruction on special education, no provision of related services, and use of work packets only, for many with education disabilities.
- The Family Reunification Day events for women and men were held in May and June 2017, respectively. Families participated in activities with incarcerated loved ones. Given the success of these pilot events, the DOC plans to hold more in the future.
- In response to the opioid abuse crisis and two deaths in spring 2017, the CIC recommended Drug Policy Alliance to the DOC to assist in designing corrective action to prevent future overdoses and fatalities.

¹ Information collected during June 22-23, 2017 CIC visit to the CTF.

² Information collected during September 26-27, 2017 CIC visit to the CDF.

Table of Contents

I.	Introduction-----	6
II.	Intake Release Center -----	10
III.	Intake Unit -----	12
A.	CDF Intake Unit-----	12
B.	Inmate Comments-----	13
IV.	General Population Housing Units -----	15
A.	CTF Men’s General Population Unit-----	15
B.	CTF Women’s General Population Unit-----	15
C.	Inmate Comments-----	15
V.	Restrictive Housing -----	17
A.	CTF Special Management Unit-----	18
B.	CDF Special Management Unit -----	18
C.	CDF Status Unit N-1 -----	21
D.	CDF Status Unit NE-1 -----	23
VI.	Medical Services -----	25
A.	CTF Medical Services -----	25
B.	CDF Health Services: Medical Health Unit -----	26
C.	Inmate Comments-----	31
VII.	Mental Health Care -----	32
A.	CTF Mental Health-----	32
B.	CDF Acute Mental Health Unit-----	32
C.	CDF Mental Health Step Down Unit -----	33
D.	Suicide Prevention -----	35
VIII.	Educational Opportunities -----	37
A.	CTF Education Programs -----	37
B.	CDF GED Unit (SE-2)-----	38
C.	CDF DCPS School – Inspiring Youth Program (IYP) -----	40
IX.	Juvenile Unit -----	43
X.	Federal Bureau of Prisons Unit-----	45
XI.	Secure Residential Treatment Program-----	46

XII. Re-Entry Unit-----	47
XIII. Residential Substance Abuse Treatment Program -----	50
XIV. Inmate Grievance Procedure-----	52
XV. Discipline -----	54
XVI. Kitchen and Food-----	56
A. CTF Kitchen/Food Preparation -----	56
B. CDF Kitchen-----	56
C. Inmate Comments-----	57
XVII. Religious Services -----	58
A. CTF Religious Services -----	58
XVIII. Libraries-----	59
A. CTF DCPL Library-----	59
B. CDF Law Library-----	59
XIX. Visitation-----	61
A. CTF Visitation -----	61
B. CDF Visitation-----	61
C. Inmate Comments-----	62
XX. Recreation -----	63
A. CTF Recreation Area-----	63
B. CDF Rec Yard (Outdoor)-----	63
C. Inmate Comments-----	63
Appendix A. Methodology-----	65

I. Introduction

The D.C. Department of Corrections (DOC) operates the Central Detention Facility (CDF/D.C. Jail) and the Correctional Treatment Facility (CTF, as of February 1, 2017). The facilities are adjacent to one another and are located in Southeast Washington, D.C. The D.C. Corrections Information Council (CIC) toured the CTF on June 22 and 23, 2017, and the CDF on September 26 and 27, 2017.

The CTF complex houses female and juvenile D.C. inmates, as well as male inmates who have specialized confinement needs.³ In February 2017, the DOC took over the operation of the CTF. Before that time, with the exception of the Juvenile Unit, the CTF was operated and staffed by the Corrections Cooperation of America (CCA, now Core Civic). Since February, there has been some adjustment and transition of inmates and programming between facilities.

The CTF has a population capacity of 1,200 inmates. The CIC visited the CTF on June 22 and 23, 2017 and toured areas of the facility. At the time of the CIC tour, the CTF inmate population was **764** inmates (150 women).

The areas/programs of the CTF inspected by the CIC on June 22 and 23, 2017 included:

- Men's General Population Unit
- Women's General Population Unit
- Special Management Unit
- Medical Units 82 & 96
- Mental Health Unit
- Education Programs
- Juvenile Unit
- Federal Bureau of Prisons (BOP) Unit
- Secure Residential Treatment Program (SRTP) Unit
- Re-Entry Unit
- Residential Substance Abuse Treatment (RSAT) Program
- Kitchen/Food Preparation
- Religious Services
- Library
- Visitation Area
- Recreation Area

The CDF houses male inmates, a majority of who is held pending adjudication of a criminal case or are sentenced to a period of incarceration following conviction for a misdemeanor offense.⁴ Other CDF inmates include those held on United States Parole Commission (USPC) warrants, those awaiting transfer to the Federal Bureau of Prisons (BOP), and those held due to a writ or hold typically awaiting transfer to another jurisdiction.

³ D.C. DEPT OF CORRECTIONS, *Correctional Facilities*, <https://doc.dc.gov/page/correctional-facilities>.

⁴ See *id.*

The CDF has a population capacity of 2,164 inmates.⁵ The CIC visited the CDF on September 26 and 27, 2017 and toured areas of the facility. At the time of the CIC visit, the CDF's inmate population was **1,355**.

The areas/programs of the CDF inspected by the CIC on September 26 and 27, 2017 included:

- Intake Release Center
- Intake Unit
- Special Management Unit
- Status Unit N-1
- Status Unit NE-1
- Health Services: Mental Health Unit
- Acute Mental Health Unit
- Mental Health Step Down Unit (MHSDU)
- GED Unit
- District of Columbia Public Schools (DCPS) Inspiring Youth Program (IYP)
- Kitchen
- Law Library
- Third Floor Visitation Room
- Outdoor Recreation Area

For reference, a brief layout of the housing units in the CDF is the following. The CDF consists of five floors: the basement, ground floor, first floor, second floor, and third floor. The housing units are on the first, second, and third floors. Each floor has a North and South wing. The housing units are named according to their wing (N/NE/NW/S/SE/SW) and their floor (1/ 2/ 3). The highest security inmates are housed on the first floor, and the lowest security inmates on the third. Most programming that the CDF offers takes place on the housing units. Some units that were traditionally for housing have been designated for programming, operations, and overflow.

As of September 30, 2017, the DOC had a total of 1,162 authorized positions and 55 vacancies. The majority of vacancies were for correctional treatment specialists (three subcategories within) with 16 vacancies, and social workers with six vacancies. The 55 vacant positions reported did not include vacant corrections officer positions. There were a total of 2,072 DOC inmates and 832 DOC uniformed officers for an inmate-to-uniformed staff ration of 2.49:1. Additionally, there were about 155 contract health and behavioral health service providers and about 50 contract food service providers.

The information in this report comes from multiple sources. The majority of information featured in this report comes from the CIC June 2017 and September 2017 visits to the CTF and CDF, respectively. During the visits, information was gathered from CIC staff observations, conversations with DOC staff, and conversations with CTF and CDF inmates. The report is supplemented with information from DOC policy statements available on DC.gov. For a full explanation of the methods of this report, see Appendix A.

⁵ See *id.*

On November 6, 2017, the CIC requested additional data from the DOC. The DOC responded to the request on January 19, 2018; and the CIC published an updated version of the January 8, 2018 report on January 30, 2018. Upon receipt of clarification of staffing data, the CIC published a further updated report on February 14, 2018. See Appendix A for a side-by-side comparison of the CIC document request and the information sent by the DOC.

The CIC also requested a Memorandum of Understanding (MOU) with the DOC in order to facilitate regular inspections, data collection, and unannounced visits. The DOC has declined to enter into an MOU with the CIC.

CHART 1. CTF & CDF Inmate Population and Participation in Special Programs

Unit or Program	Total Capacity	Number of Inmates at Time of CIC Inspections	Percentage of Respective Facility's Inmate Population
CTF Population	1,200	764 (63.7% capacity)	N/A
CDF Population	2,164	1,355 (62.6% capacity)	N/A
CDF Intake Unit		132	9.7%
CTF Men's General Population Unit Inspected	50	39	5.1%
CTF Women's General Population Unit Inspected	50	44	5.8%
CTF Special Management Unit	Information not Collected	13	1.7%
CDF Special Management Unit	80	24	1.8%
CDF SMU/Infractions/Lockdown (N-1)	144	57	4.2%
CDF Status Unit (NE-1)	160	94	6.9%
CTF Medical Unit 82	32	24	3.1%
CDF Acute Unit	80	52	3.8%
CDF Mental Health Step-Down Unit	18	10	0.7%
CDF GED Unit	75	64	4.7%
CDF DCPS School	N/A	31	2.2%
CTF Juvenile Unit	52	16	2.1%
CTF BOP Unit	50	49	6.4%

CTF SRTP Unit	32	16	2.1*
CTF Re-Entry Unit (Men)	48	44	5.8%

Source: CIC Inspections on June 22 and 23, 2017 (CTF) and September 26 and 27, 2017 (CDF)

**SRTP ceased operation on June 30, 2017.*

II. Intake Release Center

The Intake Release Center (IRC) is the area where individuals who are just admitted to DOC custody first go to be registered into the DOC system. During the September 2017 visit, the CIC toured the IRC, which is located adjacent to CDF.

Directly upon arriving to the DOC campus, individuals go the IRC where they go through the intake process. A basic explanation of the intake process is laid out in the inmate handbook:

At the point of entry into the facility, you will be asked to share basic personal information. You must also submit to a strip search, shower, and change into jail issued clothing. You will be fingerprinted and photographed and a wristband (identification) will be issued (placed on your arm). You must surrender all unauthorized personal belongings ...you will sign a property receipt for items taken and items you're allowed to keep. DOC will store your identification (ex: driver's license) until your release. If you consent, the jail will allow family members to pick up your personal property within (15) business days. Personal property (except jewelry) is destroyed after fifteen (15) business days.⁶

The IRC has two sides – one for women and one for men. CDF staff explained that the process begins with an individual being scanned, strip searched, and then sent to shower (where they are given a lice shampoo to use). Then the individual's personal property – identification, clothing, jewelry, valuables, etc. – is taken and placed in a vacuum-sealed bag. CDF staff explained that there are 171 spaces to store property, and inmates are supposed to have someone collect their property within 21 days, or else it will be disposed of or donated. The property room is open to family Monday-Friday from 10:00am-2:00pm and 4:00pm-8:00pm. Staff said that the DOC will keep property for more than 21 days if there is room in the storage area.⁷ Staff distinguished that valuable property (including personal identification documents) will be held for up to one year. If inmates have any money with them when they are admitted into custody, it will go into his or her inmate account (to be used for commissary).

After relinquishing their own clothing and property, individuals are given the DOC inmate uniform, which, for men, consists of two orange jumpsuits, two white t-shirts, two pairs of under shorts, and two pairs of socks. Between October and March, inmates are also supposed to receive a thermal undershirt.⁸ According to the Inmate Handbook, women receive one jumpsuit.⁹ Clothing is supposed to be washed by DOC laundry services once a week. Inmates are also able to use commissary funds to purchase additional underclothes, but are limited to seven pairs of each type of undergarment.¹⁰ Inmates are given a pair of white shoes and special accommodations can be made in terms of shoes, following a medical evaluation. Along with clothing, inmates who cannot afford

⁶ D.C. DEP'T OF CORR., *Inmate Handbook 2015-2016* 3 (on file with the CIC); also available at, <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/DOC%20PS%204020.1C%20Inmate%20HandBook%202015.pdf>.

⁷ The CIC notes the discrepancy in the number of days that property will be stored, between the Inmate Handbook and staff comments.

⁸ D.C. DEP'T OF CORR., *Inmate Handbook*, *supra*, note 6 at 4.

⁹ *Id.*

¹⁰ *Id.*

them are given hygiene kits, and all other inmates are able to purchase hygiene kits from commissary.¹¹

During the IRC entry process, inmates wait to speak with a number of staff so that information can be collected and a number of issues addressed. Some collected information includes fingerprints, photograph, an eye scan, emergency contacts, age, education level, and questions to assess eligibility for certain DOC programs. Issues addressed include a Prison Rape Elimination Act (PREA) questionnaire, medical and mental health screens, questions are asked to assess any suicidal thoughts and/or behaviors, blood testing, vulnerability screening for transgender inmates, and a gang task force evaluation. As part of the gang task force evaluation – the purpose of which is to increase safety within DOC facilities – tattoos, scars, or marks that could be gang-related are noted, and inmates sometimes self-report gang affiliation. This information is logged in the DOC database.

While at the IRC, inmates are also directed to watch videos regarding orientation to the DOC, PREA, and re-entry. Inmates are also allowed to have a five-minute phone call. Staff reported that the IRC entry process does not take more than three hours to complete for each inmate. From the IRC, inmates are sent to the appropriate intake housing unit, where they are to receive “a custody score, a risk screening and a PREA assessment.”¹²

Inmates who complete their sentences in DOC custody will go through an exit process at the IRC before being released into the community. The majority of releases occur on Mondays, Thursdays, and Fridays. Staff reported that while waiting for paper work to clear, inmates are given some information and a few limited resources. Orange jumpsuits are traded in for a gray sweat suit. A limited supply of medication is given if the individual was receiving medication while in custody. A five-dollar SmarTrip card is given, along with a release packet, an identification card (that expires after 60 days), library card, and information about housing, food, and employment. A copy of their DOC records is also available. Inmates are allowed a phone call to tell a family member or friend that they are being released.

¹¹ *See id.*

¹² *Id.*

III. Intake Unit

The CIC toured the intake unit in the CDF in September 2017. Although it was not toured by the CIC in June 2017, there is an intake unit at the CTF.

A. CDF Intake Unit

The CDF Intake Unit, , houses inmates who have arrived at the jail and gone through the initial IRC process, and are waiting for evaluation, custody designation, and placement in a permanent unit. Inmates are supposed to be housed on the unit for only 24-72 “business” hours. This time frame does not include weekends, holidays, and any day that the inmate is in court.

An inmate’s custody status is determined by a classification committee at the jail, composed of at least three members including a Chief Case Manager, the inmate’s case manager, and when possible, a “representative from another discipline.”¹³ The factors considered by case managers in classifying the inmate to a custody level and a population assignment include: the severity of the current offense, severity of prior criminal convictions, history of escape or attempts to escape, prior felony convictions, drug/alcohol history, age, education, and employment.¹⁴ During the CDF tour, staff also explained that “separations” are an additional factor that can slow down the designation process. A separation occurs when for some reason – whether it is because of an issue that arose in the community, while incarcerated, etc. – one inmate cannot be housed on the same unit as another inmate.¹⁵ Staff explained that a separation in itself is not a reason that an inmate would be housed on a status unit; however, inmates with separations may be housed on a status unit if they have multiple separations with inmates who are already in all of the general population housing units. All separations are tracked in a computer management system, called the Jail and Community Correction System (JACCS).

During the classification process, inmates are assigned a custody level and a population assignment:

Custody levels can be either: Minimum Custody (MIN), Medium Custody (MED), or Maximum Custody (MAX).¹⁶

Population assignments include the following: General Population (GP), Protective Custody (PC), Medical (MD), Mental Health (MH), Administrative Restrictive Housing (AS), Disciplinary Restrictive Housing (DS), or Juvenile Unit (JU).¹⁷

¹³ See D.C. DEP’T OF CORR., POLICY AND PROCEDURE: CLASSIFICATION (PROGRAM REVIEW) 4090.3G 5 (2013), available at <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PS%204090.3G%20Classification%20Program%20Review.pdf>.

¹⁴ See D.C. DEP’T OF CORR., TECHNICAL REFERENCE MANUAL (CASE MANAGEMENT): TRM CUSTODY CLASSIFICATION INSTRUMENT 4090.4B (2016), available at <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/TRM%204090.4B%20TRM%20Custody%20Classification%20Instrument%2006-10-2016.pdf>.

¹⁵ If an inmate requests a separation, they are regarded as having requested Protective Custody and the Housing Board reviews the request.

¹⁶ See D.C. DEP’T OF CORR., TECHNICAL REFERENCE MANUAL, *supra*, note 14 at 14.

¹⁷ See *id.* at 16-17.

The Intake Unit has a total capacity of 136 inmates, who are mostly double celled. At the time of the CIC visit, there were 108 inmates physically on the unit, with another 23 or 24 currently in court, for a population total of 132 inmates. There are four officers on the unit at all times. Staff reported that if there is not enough space on the Intake Unit for incoming inmates, a housing unit on the first floor of the CDF is used as an overflow unit.

Inmates who are self-identified or court-identified as transgender are housed in single cells. Staff explained that transgender inmates are often designated for involuntary protective custody – which means that they are housed on a status unit – and are then evaluated by a medical health professional, mental health clinician, and assessed by the Transgender Housing Committee,¹⁸ which determines which unit the inmate should and will be housed on.

Inmates who refuse to go through a medical evaluation within 72 hours (where they receive a TB shot) are put on lockdown. If an inmate is placed on lockdown for this reason, typically a member of the medical staff will talk to the inmate, explain why the evaluation is necessary, and attempt to get the inmate to agree to the evaluation. The inmate remains on lockdown until he is cleared to be in population.

There are typically two times where inmates who have been classified are moved off of the unit: after lunch and after dinner. CDF staff told the CIC that 11 inmates were moved off of the unit earlier in the morning, on September 26. Some inmates, if it is determined that they have a qualifying medical need, are transferred to CTF.

CDF staff described the Intake Unit as one of the most dangerous units in the jail. In one staff person's opinion, this is because inmates are just coming into the jail, they are scared, do not know what to expect, or are dreading their impending situation. In part for this reason, there are security checks every 15 minutes on the Intake Unit, where an officer looks into each cell (by shining a flashlight into the cell and glancing in) in order to monitor for suicide and escape attempts. It was reported to the CIC, that earlier in September, there was suicide on the Intake Unit.

The unit has a communal area and a basketball court with one hoop and a ball. There is also a medical office at the front of the unit where inmates are able to meet with a nurse during sick call. The case managers for the Intake Unit have offices on the unit.

B. Inmate Comments

On the tour, CIC staff spoke briefly and informally with a few inmates who commented about the conditions on the Intake Unit and their experiences on the unit.

- One inmate reported that he had been on the Intake Unit for three weeks.

¹⁸ DOC policy states that the Transgender Housing Committee “shall determine the transgender inmate’s housing assignment after review of all of the inmate records and assessments, and an interview with the inmate during which the inmate’s own opinion of his/her vulnerability in the jail population shall be considered.” D.C. DEP’T OF CORR., POLICY AND PROCEDURE: GENDER CLASSIFICATION AND HOUSING 4020.3E 4 (2013), available at <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%204020.3E%20-%20Gender%20Classification%20and%20Housing%205-1-14.pdf>.

- Another inmate reported that there was no air circulation in the unit, and that the toilet in his cell was not working. He said that he had told officers about these issues but nothing had been done. While the CIC was on the unit, the inmate called an officer over to his cell, to tell the officer about the toilet again. The officer responded that he would see to the inmate's request.

Following the CIC visit to the CDF, the CIC conducted confidential interviews with some inmates whom the CIC came into brief contact with while on the tour. Some of these inmates commented about the conditions they experienced on the Intake Unit.

- One inmate reported that he was on the Intake Unit for three weeks. The man reflected that he might have been on the Intake Unit for an extended period because he had a number of court hearings in those weeks. While on the unit, the man reported that there was no out-of-cell time on the weekend, but on the weekdays inmates had one hour out-of-cell. He also reported that he had nosebleeds almost every night on the Intake Unit because it was so hot.
- While housed on the Intake Unit, an inmate reported that his cellmate attacked him. The man tried to warn officers that his cellmate was creating problems, but the day shift would tell the man to tell the evening shift, and vice versa. At the time of the attack, he was sprayed with mace and so were his clothes. The man attempted to wash the mace out of his underclothes; however, the mace would not come out of his underclothes, and so he could not wear them. One officer went down to the laundry room to try to get him clean underclothes, but the laundry staff said that in order to get new clothes, inmates have to have been in jail for 60 days: the man had not yet been in the CDF for 60 days, and so he was not given different underclothes to wear. Since the attack (a month before the CIC spoke with him), he had been without underclothes. After the altercation, the man (and his cellmate) had disciplinary hearings. The man was found guilty, despite, he reported, never having touched his cellmate. The sanctions for the guilty finding were 1) involuntary protective custody for one month, and 2) 40 days with loss of privileges (including no access to commissary). After the altercation, the man did get a CAT Scan and X-ray.
- Another inmate reported that in August 2017, two individuals committed suicide – by hanging – on the Intake Unit. In reference to one of the suicides, the inmate who the CIC spoke to said that staff were aware that the man had mental health issues because he had tried to hang himself when he was previously incarcerated in the CDF.
- When asked about access to administrative remedy/grievance forms on the Intake Unit, an inmate reported that staff do not have grievance forms and will not print out the forms. He reported that he and others on the Intake Unit had requested grievance forms between 20 and 25 times, to no avail. Staff simply say that they have run out of copies or that they do not have copies, and do not tell inmates that the grievance can be written on a blank sheet of paper. Another concern expressed, was that staff on the unit intercept grievances, so inmates give grievances to “white shirts” (senior staff) or mail them out.
- An inmate reported staff communication as the number one issue on the Inmate Unit.

IV. General Population Housing Units

The CIC toured two general population housing units in the CTF, in June 2017.

A. CTF Men's General Population Unit

The CIC inspected one of the general population housing units for males at the CTF. The unit has both single and double cells. The capacity of this unit is 50 inmates. At the time of the CIC June 2017 visit there were 39 inmates on the unit. In the week before the CIC visit, the men on this particular unit were transferred from the CDF to the CTF, in an effort to keep the number of inmates at the CDF lower.

It was reported by CTF staff that there were three to four Spanish-speaking men on each of the male units in the CTF.

B. CTF Women's General Population Unit (E4B)

The CIC inspected a CTF general population housing unit for women. The unit has a capacity of 50 inmates, and at the time of the CIC visit, the unit population was 44. One woman on the unit was Spanish-speaking. It was reported by CTF staff that there were four Spanish-speaking women in the CTF. Women housed on this unit included those who were pretrial, sentenced for misdemeanors, sentenced for felonies, and sentenced felons waiting for transfer to a BOP facility. Different programs offered on the unit include life skills, meditation, yoga, programs run by the University of the District of Columbia (UDC), school, and ServSafe.¹⁹

C. Inmate Comments

Although the CIC did not tour any general population housing units during the September 2017 tour, CIC staff came into contact with some inmates living on general housing population inmates. In interviews following the September tour, a few inmates commented on their experience in general population, as well as access to CDF general services.

- One inmate shared that he is not involved in any programming on his unit. He would like to participate in programs, such as commercial cleaning and graphic design; however, those programs are only available at the CTF. In addition to the lack of programming, inmates are told that they are not eligible for programming until they are sentenced.
- Another inmate made similar comments about the lack of programming at CDF and the fact that inmates must be sentenced in order to participate in any CDF programs. The individual

¹⁹ ServSafe is administered by the National Restaurant Association and offers various programs and trainings to prepare participants for certification in an area of food service. See SERVSAFE, *ServSafe Food Handler*, <https://www.servsafe.com/ServSafe-Food-Handler>. The DOC runs the In2 Food Handling Certification Program, which is a five-week program available to female and male inmates (two classes are offered at the CTF, and one class is offered at the CDF), meant to prepare inmates to sit for the ServSafe final examination. If the inmate passes the ServSafe exam, he or she receives a nationally recognized ServSafe Certification that lasts for five years. Funding for the program is incorporated in the Aramark food service contract. See D.C. DEP'T OF CORR., *Final Responses to the Dep't of Corr. 2016 Performance Evaluations (Agency Operations)*, available at http://dccouncil.us/files/user_uploads/budget_responses/DOCperformanceoversighthearingdocument2016.pdf.

said that programs he would be interested in if they were available include classes on resume building and apprenticeship/job skills programs.

- One inmate reported that there are issues with mail going out as well as delays in delivery of incoming mail. He explained that in the delivery of his incoming legal mail, there was a two-week discrepancy between the postage date on the mail and the date he received it. The mail contained information that needed to be communicated before his upcoming court date. Although he didn't receive the mail prior to the court date, his attorney was able to go to the CDF and personally relay the information.

V. Restrictive Housing

The CIC toured restrictive housing units in the CTF and the CDF. One restrictive housing unit – the Special Management Unit – was toured in the CTF in June 2017. In September 2017 at the CDF, the CIC toured all three of the restrictive housing units that are all high security units, but have varying levels of inmate movement on and off the unit.

The DOC uses the same classifications for inmates in the CTF and the CDF. Inmates can be classified at intake,²⁰ and their statuses – which determines if an inmate is on a general population unit, a status unit, or other specialized unit – can be reviewed and changed based on situations that occur while inmates are incarcerated. According to CDF staff, when an inmate’s classification status is recommended to be changed, the inmate goes before the Housing Board (comprised of case managers), which determines what the inmates status will be and on what unit the inmate will be housed.

The status units are distinct from general population units because inmates on status units require more security (such as needing to be handcuffed every time they are taken out of their cells), have less out of cell time, are less likely to leave the unit, and have less (or no) contact with other inmates. A brief explanation of status classifications is in the chart below:

CHART 2: *Status Classifications*

Status Classification	Description
Protective Custody	Protective Custody can be involuntary, voluntary, court ordered, requested by a lawyer, or request by a government agency.
Administrative Restrictive Housing	Administrative Restrictive Housing is almost a “catch-all” category for inmates who the DOC believes need to be in segregation. DOC staff explained that there are about 20 subcategories of Administrative Restrictive Housing. Some examples of reasons for administrative restrictive housing are court ordered segregation, separations, ²¹ inmates who are not U.S. citizens, and inmates with high profile cases.
Disciplinary Restrictive Housing	Disciplinary Restrictive Housing refers to inmates who are serving a sentence that was given as the result of a disciplinary infraction that occurred while in DOC custody.
Pre-Hearing Detention	Inmates who had a disciplinary issue on their unit and are waiting to go before the Disciplinary Board can be placed on Pre-Hearing Detention.
Sexual Misconduct Unit	The Sexual Misconduct Unit holds inmates who have had a sex-related incident while in DOC custody. DOC staff reported that most of these incidents involve inmates who expose themselves to

²⁰ See section III(A) CDF Intake Unit, for explanation of classification process.

²¹ See section III(A) CDF Intake Unit, for explanation of “separations.”

	staff members. Inmates on the unit have to wear red jumpsuits that are labeled “Sexual Misconduct.”
Special Handling	Special Handling refers to inmates deemed to pose an ongoing danger to staff, other inmates, or the public, and who cannot be safely managed in general population.

Source: Information gathered on the CIC June and September 2017 inspections.

A. CTF Special Management Unit

The Special Management Unit at the CTF housed 13 inmates when the CIC toured it in June 2017. The unit had a range of inmates with various status designations, including inmates on Disciplinary Restrictive Housing, Administrative Restrictive Housing (including inmates with separations), and Involuntary/Voluntary Protective Custody. Staff reported that time in-cell for inmates on the unit recently decreased from 23 to 22 hours per day.

For inmates who are on the CTF Special Management Unit due to placement on Administrative Restrictive Housing, their status is periodically reviewed by the Housing Board to determine whether or not the inmate needs to remain on the status unit. Review occurs after the first seven days on the unit, then the 14th day on the unit, and then the 30th day. Staff reported that sanctions can be no more than 30 days, but can occur consecutively.

Staff at the CTF reported that the DOC was working toward housing all DOC inmates with Disciplinary Restrictive Housing classifications and Administrative Restrictive Housing classifications at the CDF.

The CTF Special Management Unit (SMU) has a special education classroom. Staff members from the library (run by the DC Public Library) bring a cart to the unit with books that inmates can check out.²²

B. CDF Special Management Unit

The CDF Special Management Unit is the highest security unit in the CDF. Staff reported that inmates on the unit may have the following status classifications: Voluntary and Involuntary Protective Custody, Disciplinary Restrictive Housing, Administrative Restrictive Housing (including court ordered restrictive housing and inmates with high profile cases), and Pre-Hearing Detention. The total capacity of the unit is 80 inmates, who are single celled. On September 27, 2017 the population on the unit was 26 inmates. The tiers on the unit are designated to certain status classifications, and staff reported that they attempt to keep as much space as possible between inmates’ cells. On the 27th, there was one transgender inmate on the unit.

Staff reported that the breakdown of classifications for inmates on the unit on September 27 as the following:

²² See Section XVI(A) for a full explanation of CTF library services.

CHART 3: CDF Special Management Unit, Inmate Status Classifications

Status Classification	Number of Inmates
Voluntary Protective Custody	12
Administrative Restrictive Housing	9
Disciplinary Restrictive Housing	4
Pre-Hearing Detention	4
Special Handling	1

Source: Information gathered on the CIC September 2017 inspection.

**Note that the total number of inmates in this chart does not match the total number CDF staff reported as being on the Special Management Unit on September 2017. Some inmates may have more than one classification.*

Staff also reported that the main reason that inmates on the unit request Protective Custody is for issues related to assault or PREA. When asked what the longest time was that any inmate had been housed on the CDF Special Management Unit, staff answered that there was a foreign national who had been on the unit with an Administrative Restrictive Housing classification for three years.²³

There are five officers on the unit, with the exception of the first shift (9:30pm-8:00am) when there are three officers. When taken out of their cells to move around the unit, inmates are handcuffed. If an inmate needs to leave the Special Management Unit, staff explained that they are placed in full restraints, which includes leg irons, handcuffs, belly chain, black box in the front, and a clip in the back. If inmates on the Special Management Unit need to go to the medical unit, they are escorted in full restraints but can have one arm free when meeting with the medical staff person. When asked, CDF staff reported that there are no restraint beds on the unit.

CDF staff said that the longest time an inmate can be given a disciplinary sanction that results in housing on a status unit is 30 days. In addition to time on the status unit, sanctions can include up to an additional 30 days (beginning when the inmate is back on his general population housing unit) with loss of privileges.

Unit Characteristics

Housing Board: Inmates go before the Housing Board (which is comprised by case managers) so that their classification to a status unit can be periodically evaluated. When making assessments in the determination of whether to house an inmate in general population or a status unit, the Housing Board considers: infractions, history, separations, history on the unit, whether the inmate wants to work detail, etc. The overarching process is to assess the reason that the inmate was first designated to the status unit, and then evaluate what progress that the inmate has made, or if there has been a change in circumstances that would allow the inmate to be housed in general population. Inmates are permitted to self-advocate to the Housing Board the reasons that they want to or do not want to stay on the status unit.

²³ Staff indicated that the man was still at the CDF because his court case was ongoing.

Case Management: Case managers are on the unit every day. In the first 60 days on the unit, inmates meet with their case manager once a week. After the first 60 days, inmates meet with their case manager once every two weeks.

Mental Health Care: A mental health clinician goes to the CDF Special Management Unit three times every week. Staff reported that regular, scheduled appointments with mental health staff only occur for inmates who have been diagnosed with a mental health disorder. Inmates can request to see a mental health clinician, and officers can also recommend inmates for mental health evaluation.

Medical Care: Staff explained that a nurse comes to the unit twice every day and walks by every cell to check for inmates with medical issues. When a nurse administers medication, he or she is supposed to stay at the cell until the inmate swallows the medication to ensure that the inmate is, in fact, taking his medication.

Crisis Intervention: According to staff, two weeks prior to the CIC visit, DBH offered in-house crisis intervention training for officers on certain status units where crisis intervention is particularly relevant. This was the first time this training was offered, but, according to CDF staff, the intention of the DOC is to expand the training to all officers. Staff stated that any time that an officer has to “put hands” on an inmate, it is documented as a use of force incident. If an inmate is experiencing a crisis, the inmate will be put in full restraints, and then medical and mental health professionals are called to the unit. Staff emphasized that inmates are *never* left alone in their cells in full restraints. If an inmate is in full restraints, there is an officer with them the entire time.

Emotional Support Groups: Conflict resolution and anger management groups occur on the unit between 3:00pm and 4:30pm. Groups can have a maximum of 4 inmates and inmates are assigned to the groups by their case managers.

Education: There is a classroom in CDF Special Management Unit where a District of Columbia Public School (DCPS) teacher or teacher’s aid comes to instruct inmates covered by the Individuals with Disabilities Act (IDEA), and are entitled to an education because they are between the ages of 18 and 22 and have an Individualized Education Program (IEP).²⁴ DCPS staff reported that school is held Monday-Friday on the Special Management Unit from 9:00am-11:00am with a break for lunch at 11:00am, and then have class again at 12:00pm or 12:30pm (it was unclear how long the DCPS employee stays on the unit for the afternoon session). The classroom has space for four students: there are four desks with attached chairs that are each next to a leg-iron handle attached to the floor. Inmates who attend school must have their leg chained to the floor, but can have their hands free.

The CIC spoke with a DCPS employee who said that there were four inmates on the Special Management Unit who were attending school in early September. At the time of the CIC late-September visit, there was only one inmate going to the school. The other students had been transferred to N-1, which is a lower security status unit.²⁵ The DCPS employee described a typical day in the Special Management Unit classroom. The employee said that a range of topics is covered, and his job is to pass out work packets for the inmates to complete, and answer any questions that

²⁴ See Section VII(C) for a full explanation on the DOC’s obligation to provide education for certain inmates.

²⁵ See Section V(C) for an explanation of Unit N-1. Those with special education needs on N-1 are not given any classroom instruction, only packets to fill out.

the inmates have. The work packets are graded and any incomplete work is graded with deductions for incomplete sections.

Note that the GED Unit²⁶ does not come to the CDF Special Management Unit to continue instruction for an inmate who was previously housed on the GED Unit. To be housed on the GED Unit, inmates must meet certain requirements. Therefore, if an inmate is taken off of the unit, they must reestablish those criteria if they want to be considered for placement on the GED Unit again.

Law Library: A staff person from the CDF Law Library goes to the Special Management Unit once every week, and goes cell to cell to take inmate requests for legal information that the Law Library will then provide (if it falls within the scope of the CDF Law Library's information and assistance).

CTF Library: The Mobile Library – a cart with books that inmates can check in and out – comes to the unit once a week.

Religious Services: Chapel services come to the unit once every week.

Recreation: Inmates on the unit have two hours of out-of-cell time, for recreation and showers. The unit has recreation cages where inmates can exercise one at a time. There are also two rooms with televisions, where inmates can spend their recreation time – only one inmate can be in these rooms at a time. Inmates are able to choose where they want to spend their recreation time (either in a recreation cage or television room). Half of the unit has recreation in the morning and half has recreation in the evening, switching between morning and evening recreation every other day. If food comes while inmates are out of cell, then they can eat out of cell; otherwise, inmates eat in their cells. At the time of the CIC visit, inmates on the Special Management Unit did not have outdoor recreation. Staff explained that there is a plan to create a smaller recreation yard outside that status inmates will be able use. Staff said the DOC was in the process of evaluating the security of the proposed recreation space.

C. CDF Status Unit N-1

Unit N-1 is a status unit in the CDF that houses inmates with a variation of classification types as well as housing all inmates with a Sexual Misconduct classification. N-1 is a lower security status unit as compared to the Special Management Unit. The unit has the capacity to be double celled, but at the time of the CIC's visit, the inmates were single celled. The capacity of the unit is 144 inmates, if all 72 cells are used. The population at the time of the CIC visit was 57 inmates.

Classification types on the unit include Sexual Misconduct, Voluntary and Involuntary Protective Custody, Administrative Restrictive Custody (including court orders, lawyer-requested separation, and request from immigration agencies), Disciplinary Restrictive Custody, and Pre-hearing Detention. N-1 was also described as a step-down unit from the CDF Special Management Unit, in that inmates who have been on the Special Management Unit may move from that unit to N-1, which is a lower security status unit, before eventually being returned to the general population.

²⁶ See Section VII(B) for a full explanation of the GED Unit.

The tiers²⁷ on the N-1 are designated for certain inmates with particular status classifications. One tier is designated for inmates under Protective Custody, another for inmates with a Sexual Misconduct classification,²⁸ and yet another tier for inmates on Administrative Restrictive Housing, Disciplinary Restrictive Housing, and Pre-Hearing Custody.

When asked what the longest time was that any inmate had been housed on the CDF Status Unit N-1, staff answered that one inmate was housed on the unit for one year.

Unit Characteristics

Case Management: The CIC spoke to a case manager on N-1 who described some of things case managers help inmates with, including: arranging legal and emergency calls; helping inmates with paper work; and assisting inmates who are homeless in the community with applying for food stamps with the DC Department of Health Services (DHS),²⁹ and finding housing.

Mental Health Care: Staff reported that there are mental health services for inmates who need it.

Medical Care: Staff explained that there is “sick call” on the unit everyday where a nurse comes to the unit to meet with inmates.

Education: There is no classroom on N-1. Instead of going to a classroom to meet with a DCPS employee, qualifying students (individuals between 18-22 years old who have an IEP) are given work packets that are delivered to the unit for the inmate to complete and return to DCPS staff. The packets are then graded. As in the Special Management Unit, students are not assisted in finishing packets that they cannot complete; rather, the incompletions are accounted for in grading.

CTF Library: The Mobile Library – a cart with books that inmates can check in and out – comes to the unit once a week. Inmates are only allowed to have soft-cover books in their rooms.

Religious Services: Chapel services come to the unit once every week.

Recreation: Inmates on N-1 have one hour and 45 minutes of recreation time and 15 minutes for showering, Monday-Friday. There are two rooms where inmates can watch television and a number of recreation cages. Inmates are allowed to be in the recreation areas with one other inmate, as long as the two inmates are the same security level. Inmates are not forced to spend recreation time with another inmate.

Below is a side-by-side comparison of the differences and similarities between the unit characteristics of the Special Management Unit and Status Unit N-1:

²⁷ Unit tiers: Each unit has two wings and there are two levels (upper and lower) on each wing. The different levels on each wing are each a “tier,” for a total of four tiers on each unit.

²⁸ CDF staff described the process for an inmate being designated to the Sexual Misconduct Unit as the following: 1) an incident occurs, 2) the inmate goes before the Adjustment Board for a determination of innocence/guilt, 3) if there is a finding of guilt, the Adjustment board gives a sanction – an amount of time (days) that the inmate will spend on the Sexual Misconduct Unit.

²⁹ The case manager said that CDF case managers collect information from inmates, and then pass it on to DHS so that DHS can connect the inmate with services, when the individual is back in the community.

Chart 4: Unit Characteristics of the Special Management Unit and Status Unit N-1

Unit Characteristics	Special Management Unit	N-1
Security	Highest security unit	One “step-down” from Special Management Unit
	Takes inmates who have high profile cases	One tier is designated as the Sexual Misconduct Unit
	Inmates are all single celled	Inmates can be double celled
	Inmates are handcuffed when moving around the unit	Inmates are handcuffed when moving around the unit
Mental Health Care	Mental health services come to the unit	Mental health services come to the unit
Medical Health Care	Sick call occurs on the unit	Sick call occurs on the unit
Education	Has a DCPS classroom where a DCPS staff person helps inmates with work packet	Inmates receive education work packets to complete on their own
Law Library	Goes to unit to take information requests from inmates	<i>(Information not collected)</i>
Mobile Library	Goes to unit with a cart of books, so inmates can check books in and out	Goes to unit with a cart of books, so inmates can check books in and out
Religious Services	Goes to the unit	Goes to the Unit
Recreation	Individual recreation	Recreation can be with one other inmate

Source: Information gathered on the CIC September 2017 inspection.

D. CDF Status Unit NE-1

NE-1 is the lowest security status unit that is split into two wings, with a solid wall dividing the wings of the unit. NE-1 is split between “Modified Protective Custody” (“Modified”) wing and the “Communal” wing. NE-1 has a total capacity of 160 inmates, and each wing has a capacity of 80 inmates. At the time of the CIC visit, there were 55 inmates on the Modified wing, and 39 inmates on the Communal wing. Almost all of the inmates on the unit are medium or maximum-security inmates, very rarely is there a minimum-security inmate.

All of the inmates housed on the Modified wing were under protective custody (most being voluntary, but some involuntary). The inmates on the Modified wing have two hours of recreation each day, during which they can shower, exercise, watch television, make phone calls, etc. On the Modified wing eight inmates are allowed to be out-of-cell at a time. The inmates do not have to be escorted in handcuffs, and are allowed to be in the recreational spaces with all of the other inmates who are out at that time. The two tiers on the wing alternate recreation times every other day, with the times switching between morning and evening. Periodically, inmates go before the Housing Board, which determines if and when the inmate can move to the Communal wing. Of the status units in the CDF, the Communal wing of NE-1 is most similar to general population. On the Communal wing inmates are out-of-cell for 5 hours, and do not have to be split into groups, which is the same as general population.

The Housing Board meets with inmates regularly after they are placed on a status unit. The initial review is done 7 days after the inmate is housed on the Status Unit; the next reviews are in 14 and 30 days. On NE-1 the Housing Board meets with inmates on the Modified wing on Mondays and with inmates on the Communal wing on Thursdays.

When an inmate requests and is placed on protective custody, CDF staff identified the most often, the requests are made by first time offenders, inmates who have existing issues with other inmates in their outside neighborhoods and communities, and inmates who want to be separated because of their sexual orientation or gender identity.

While inmates do not have to be handcuffed while moving around the unit, they do have to be escorted out of the unit. Therefore, programs and services come to the unit. Sick call – mental, medical, and dental needs – occurs on the unit. Inmates can request to have chapel services and to meet with their case managers. While on the unit the CIC was shown the Inmate Request Slip for Case Management Services and the Sick Call slip, which are both available in English and Spanish.³⁰

³⁰ Inmate Request Slip for Case Management Services and the Sick Call slip are on file with the CIC.

VI. Medical Services

All medical and mental health services at the CTF and CDF are provided by Unity Health Care (Unity). The DOC is legally responsible for providing medical, mental, and dental care for inmates in its custody. In 2006, the DOC entered into a contract with Unity in which Unity, a community health care provider, would be responsible for the primary, specialty, emergency, and hospital care of inmates at the CTF and the CDF.³¹ When formed, the goal of the partnership was to improve the continuity of care so that the services provided to inmates while detained in the CTF or CDF could be continued in the community post-release.³²

On the June 2017 visit, CTF staff explained that when inmates are transferred from a BOP facility, or a BOP contract facility, to the DOC, the DOC receives Form 553, which summarizes the medical history of the inmate. If the inmate signs the completed 553 form, then he or she is able to receive medical care for a documented issue within 24 hours of arrival to the DOC. CTF staff reported that this process has operated “smoothly” with BOP facilities and Rivers Correctional Institution.

In June 2017, the CIC toured the Infirmary and two medical units at the CTF. In September 2017, the CIC toured the Medical Unit at the CDF, which is not a housing unit, but more like a clinic.

A. CTF Medical Services

At the CTF, sick call occurs Monday-Friday, and is a process where members of the medical staff go to the housing units to meet with inmates. CTF described this as nurse triage, and medical needs are given a scaled rating from 1-3. If an inmate’s need is rated as 1, staff reported that the inmate is supposed to be treated within 24 to 48 hours. However, staff reported that the normal time inmates must wait to be treated by medical staff is 7-14 days. Generally, medical staff see juvenile inmates in the early morning, male inmates in the morning, and female inmates in the afternoon. Services available to inmates include obstetrics and gynecology (Friday), radiology, dialysis, ophthalmology, podiatry, dental, and physical therapy.

Medical Unit 82

Medical Unit 82 was described by staff as housing “fragile” patients, including inmates needing wound care, stabilization, who are on suicide watch/precaution, and who are pregnant. The unit has the capacity for housing 32 inmates in four single cells and 14 double cells. At the time of the CIC June 2017 visit there was a population of 24 inmates on the unit. There are two suicide watch cells on the unit where inmates are given paper clothing, and closely monitored by staff. CTF staff said that when an inmate is placed on suicide *caution* they are monitored every 15 minutes. When an inmate is on suicide *watch* they are monitored at all times, day and night, by an officer who stays outside of the inmate’s cell.³³

³¹ See DC DEPT OF CORR., *Department of Corrections Institutes Community-Oriented Healthcare for Inmates*, <https://doc.dc.gov/release/department-corrections-institutes-community-oriented-healthcare-inmates>.

³² See *id.*

³³ See Section VII(D) for a more detailed explanation of suicide precautions taken by the CTF and CDF, as explained by Unity staff during the CIC September 2017 CDF tour.

The unit also houses female inmates who are pregnant, when they are between 36 weeks and the time of delivery. At the CTF, female inmates who are in the first and second trimesters of pregnancy can be handcuffed. Staff reported that no restraints are used for female inmates who are in their third trimester of pregnancy. Women do not generally give birth at the CTF, but are instead sent to Howard University Hospital. After an inmate gives birth, she is allowed to breast pump at the jail and a member of her family can come to the CTF to pick up the milk. Staff reported that the Neighborhood Legal Services Program³⁴ assists with identifying the inmate's family member who will be able to come to the hospital and take the newborn child into their custody.

Medical Unit 96

CTF staff described Medical Unit 96 as a unit for inmates with disabilities. One of the services offered in Medical 96 is dialysis. The DOC contracts with an outside provider, DaVita,³⁵ for nurses and technicians who run dialysis. There are currently two dialysis machines in use and the dialysis space can be used by up to eight people. Inmates who are housed at the CDF but need dialysis treatment are taken to the CTF for treatment. Staff reported that inmates who use wheelchairs are also housed on Medical 96. At the time of the CIC's June visit, there was one inmate housed on the unit who used a motorized wheelchair.

Dental Services

The CTF dental program has a staff of one dentist, one dental hygienist, and one dental assistant. Dental services are available at the CTF three days each week. Staff reported that on a typical day the dental team sees 10-20 inmates. Services that the dental program offers include routine exams, cleaning, filing, routine extraction, and denture care. For major surgery or tooth impactions, an inmate may be sent to an oral surgeon at Parkside Facility, Howard University Hospital, or Washington Hospital Center. Inmates cannot receive root canals while in DOC custody; however, they can choose to have a tooth extracted or can wait until they are released to obtain a root canal.

Release

For inmates on all units of the CTF and CDF, Unity conducts a medical discharge. CTF staff reported that when an inmate is released from DOC custody, if he or she has a chronic condition (such as HIV), the individual will be provided with 30 days worth of medication. Inmates who have conditions are not chronic but were receiving medication while in DOC custody, will be given three days worth of medication in addition to a prescription for the medication.

B. CDF Health Services: Medical Health Unit

On the September 2017 CIC visit to the CDF the CIC toured the Mental Health Unit on the third floor of the facility. This is not a residential unit, but operates similarly to a clinic. The space

³⁴ "Neighborhood Legal Services Program (NLSP) is a nonprofit law firm that provides free legal information, advice and representation to low-income District of Columbia residents on civil legal matters. We are committed to equal access to justice for all members of our community." NEIGHBORHOOD LEGAL SERVICES PROGRAM, <http://www.nlsp.org>.

³⁵ "DaVita Inc....is the parent company of DaVita Kidney Care and DaVita Medical Group. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease." DAVITA, *About Da Vita*, <https://www.davita.com/about>.

contains Unity staff offices (for medical and mental health professionals), doctor-patient offices, a pharmacy, and suicide watch cells, also called safe cells.

Medical Care

The doctor-patient offices that are on the Medical Unit are used for inmates who have filled out a request form and been scheduled for an appointment. Additionally, there is a sick call on the different units, where a member of the medical staff brings medication to inmates on the unit and meets with inmates who have other medical needs. These sick calls can take place in a medical office that is at the front of each unit; or on status units, medical staff usually go cell to cell to administer medication to inmates.

Drug Use at DOC Facilities

Over the past several years, the incidence of opioid overdose – including overdoses from heroin, fentanyl, fentanyl analogs, morphine, prescription opioids, etc. – has dramatically increased.³⁶ “The DC Office of the Chief Medical Examiner (OCME) investigated a total of 395 deaths due to use of opioids from January 1, 2014 through November 30, 2016, 83 deaths in CY 2014, 114 in CY 2015 and 198 deaths to date in CY 2016 respectively.”³⁷ In 2017, 72% of documented overdoses involved fentanyl or a fentanyl analog.³⁸ The Drug Policy Alliance explains that, “Fentanyl, its analogues, and other synthetic opioids, though similar in effects to longer-acting opiates like morphine, heroin, or oxycodone, are riskier in use due to their increased potency...the risk of fatal overdose is highest when people unknowingly snort or inject heroin that has been adulterated with a synthetic opiate like fentanyl...”³⁹

While the “opioid crisis” is not exclusively an issue present in corrections, use and treatment is an increasing issue in prisons and jails, as use and dependence in communities increase. When the CIC toured the CDF Medical Unit, one staff person explained that, among the population of people that have recently been in the CDF, phencyclidine (PCP) use has widely been replaced with the use of synthetic drugs – such as fentanyl. The staff member went on to say that, “Synthetics are burning their [inmates'] brains – sometimes psychotics [antipsychotic drugs] are not bringing them back.” The staff member speculated that one component influencing increased opioid use might be decreased access to prescription drugs.

Treatment

³⁶ GOV'T OF THE DISTRICT OF COLUMBIA OFFICE OF THE CHIEF MEDICAL EXAMINER, *Opioid-related Fatal Overdoses: January 1, 2014 to November 30, 2016* 1 (February 21, 2017), available at https://ocme.dc.gov/sites/default/files/dc/sites/ocme/page_content/Opioid%20related%20Overdoses%20Deaths_02%2021%2017v2.pdf (citations omitted).

³⁷ See *id.*

³⁸ See OFFICE OF THE CHIEF MEDICAL EXAMINER, *Opioid-related Fatal Overdoses: January 1, 2014 to August 31, 2017*, (October 25, 2017), available at https://ocme.dc.gov/sites/default/files/dc/sites/ocme/Opioid%20related%20Overdoses%20Deaths_10%2025%2017.pdf. For more information about opioids, see the Drug Policy Alliance webpage, *10 Facts About Synthetic Opioids (Fentanyl)*, DRUG POLICY ALLIANCE, *10 Facts About Synthetic Opioids (Fentanyl)*, <http://www.drugpolicy.org/drug-facts/synthetic-opioids-fentanyl>.

³⁹ DRUG POLICY ALLIANCE, *How Risky are Fentanyl and Other Synthetic Opioids?*, <http://www.drugpolicy.org/how-risky-are-fentanyl-and-other-synthetic-opioids>.

Opioids interact with the brain in a similar way to the body's natural endorphins, and in fact function identically to endorphins.⁴⁰ It is not completely clear how opioids affect and alter the brain and physical body, but it seems that long-term use of opioids can cause changes to parts of the brain that naturally use endorphins, and allow people to feel and function normally.⁴¹ It appears that physical changes that result from opioid use and/or overdose can be permanent.⁴² There is no cure for physical consequences of opioid dependence, but there are maintenance treatments meant to prevent use.⁴³ A common treatment used for opioid dependence is methadone, which is a synthetic drug that acts an opioid "agonist" (meaning that it interacts with the same part of the brain that heroin and other opioids do).⁴⁴ "When used in proper doses in maintenance treatment, methadone does not create euphoria, sedation or an analgesic effect. Doses must be individually determined. The proper maintenance dose is the one at which the cravings stop, without creating the effects of euphoria or sedation."⁴⁵

Another treatment used for opioid dependence is buprenorphine, a partial agonist, which "relieves withdrawal, reduces craving and blocks the effects of heroin in ways similar to methadone."⁴⁶ The Drug Policy Alliance has said that while treatment needs to be individualized, doses are generally between 12 and 32 milligrams.⁴⁷ Buprenorphine is less likely than methadone to result in death, and can be prescribed for treatment by any doctor who receives training.⁴⁸ In the U.S., the prescribed form of buprenorphine is Suboxone or Subutex.⁴⁹ Suboxone contains buprenorphine as well as naloxone.⁵⁰ Naloxone is opioid antagonist (meaning that it blocks opioids from interacting with the brain), used to reverse opioid overdose.⁵¹

At the CDF and CTF, methadone or Suboxone treatments are available for certain inmates. If an inmate enters DOC custody, and prior to coming in was receiving methadone, or other, treatment in the community, they will be weaned off of methadone while in DOC custody. The process of weaning or tapering means that the individual is incrementally given lower dosages, until the dosage is reduced to zero.

The World Health Organization suggests the following schedule for dose reduction:

- "Reduce by 10mg per week until a dose of 40mg per day is reached.
- From then, reduce by 5mg per week until a zero dose is reached.

⁴⁰ DRUG POLICY ALLIANCE, *About Methadone and Buprenorphine* (2nd ed.) (2006) 6, available at <http://www.drugpolicy.org/sites/default/files/aboutmethadone.pdf>.

⁴¹ *Id.*

⁴² *Id.*

⁴³ *Id.* at 6-7.

⁴⁴ *Id.* at 8.

⁴⁵ *Id.*

⁴⁶ *Id.* at 10.

⁴⁷ *Id.*

⁴⁸ *Id.*

⁴⁹ *Id.*

⁵⁰ *Id.*

⁵¹ NATIONAL INSTITUTE ON DRUG ABUSE, *Opioid Overdose Reversal with Naloxone* (Narcan, Evzio) (September 2016), <https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio>.

- Dose reduction should occur once a week or less often.”⁵²

Additionally, the American Pain Society suggests that, “typically methadone (or any long acting opioid) can be effectively tapered by 5-10% every 1-2 weeks without causing significant opioid withdrawal symptoms.”⁵³ Another study explains that “methadone dose reduction schedules have ranged from 2-3 weeks to as long as 180 days, with longer time periods generally associated with better outcomes...A recent review of the evidence concludes that the use of long-acting opioids, such as methadone, and slow tapering, accompanied by medical supervision, ancillary medications, and psychosocial treatment can reduce withdrawal severity and improve outcomes.”⁵⁴

The CDF medical coordinator explained that, for inmates coming in from the community who were receiving treatment, the methadone treatment schedule while in DOC custody is the following:

- Day one in DOC custody, the inmate will be maintained at the dosage they were on in the community
- After the first day the inmate is weaned off of the treatment, by reducing the dosage by 5mg every three days.

Pregnant women who were using opioids in the community receive methadone treatment while in DOC custody and are not weaned off of treatment.⁵⁵ If an inmate has an opioid dependence but was not receiving methadone treatment in the community and is not pregnant, he or she will not receive any methadone or Suboxone treatment: instead they will go “cold turkey,” and experience withdrawal. In addition to going through withdrawal, when inmates suddenly do not have access to methadone, Suboxone, etc. (or the opioid they are dependent on), there can be long-term consequences. The Drug Policy Alliance explains, “If you stop taking your methadone and return to using street drugs, you can overdose more easily than when you last used. When you stop taking methadone, your body will rapidly develop a lower tolerance for the heroin. As soon as your methadone completely wears off (a couple of days), your tolerance for heroin will be lower than it was when you began taking methadone.”⁵⁶

One of the CDF staff members with whom the CIC spoke mentioned that there have been conversations among staff at the DOC, regarding a change in the policy at the DOC whereby inmates, rather than being weaned off, will receive doses of Suboxone while in custody.

Opioid Overdose

⁵² World Health Organization, CLINICAL GUIDELINES FOR WITHDRAWAL MANAGEMENT AND TREATMENT OF DRUG DEPENDENCE IN CLOSED SETTINGS, 6 *Methadone Maintenance Treatment: 6.5 Ending Treatment* (2009), available at <https://www.ncbi.nlm.nih.gov/books/NBK310658/>.

⁵³ AMERICAN PAIN SOCIETY, *The Methadone Safety Guidelines: A Live Webinar Q & A* 1 (November 11, 2014), available at http://americanpainsociety.org/uploads/education/Methadone_Webinar_QA.pdf.

⁵⁴ Angela L. Stotts, Carrie L. Dodrill, & Thomas R. Kosten, *Opioid Dependence Treatment: Options in Pharmacotherapy*, EXPERT OPIN PHARMACOTHER 10, 1727-1740 (2009).

⁵⁵ “According to the prescribing notes on opioid dependence (section 4.10.3, BNF 62), abrupt withdrawal from methadone should be avoided in pregnancy because it can cause fetal death.” THE PHARMACEUTICAL JOURNAL, *Stopping Methadone during Pregnancy* (Nov. 1, 2011), <http://www.pharmaceutical-journal.com/learning/learning-article/stopping-methadone-during-pregnancy/11089339.article>

⁵⁶ DRUG POLICY ALLIANCE, *About Methadone and Buprenorphine*, *supra*, note 40 at 24.

Naloxone is a drug that is used to reverse opioid overdose.⁵⁷ Naloxone is sold under the name “Narcan.” “When a person is overdosing on an opioid, breathing can slow down or stop and it can be very hard to wake them from this state. Narcan (naloxone) is a prescription medicine that blocks the effects of opioids and reverses an overdose. It cannot be used to get a person high. If given to a person who has not taken opioids, it will not have any effect on him or her, since there is no opioid overdose to reverse.”⁵⁸ The Drug Policy Alliance explains that, “Naloxone is not psychoactive, has no potential for abuse, and side effects are rare.”⁵⁹

At the CDF and CTF, only medical staff are permitted to administer injections of Narcan to an inmate who is overdosing. Officers are not permitted to carry and administer Narcan. Therefore, if an inmate overdoses, medical staff, who are supposed to be available at all times, are called to the unit to administer Narcan. CDF staff explained that after a Narcan injection, an inmate can refuse further treatment.

Opioid-Related Deaths at the Jail⁶⁰

In May 2017, there were two documented deaths caused by opioid overdose that occurred at the CDF and CTF. One of these inmates was 35 years old and the other was 28.⁶¹ Both inmates were found unresponsive in their cells, and it was reported that they overdosed, respectively, on narcotic fentanyl and diphenhydramine (found in cold and allergy medicines), and fentanyl and diphenhydramine.⁶² The DOC response to the deaths was to increase surveillance of drugs coming into DOC facilities.⁶³

During the CIC tour, medical staff reported an additional overdose that occurred the week before the CIC tour. Staff said that the overdose was of an inmate who was living at the halfway house, Hope Village, but coming to the CDF to work detail in the IRC. Medical staff administered Narcan to the man.

Other Medications

During the tour of the CDF Medical Unit, CIC staff noticed that there were many copies of a sign posted saying that if inmates don’t want to hear no, they should not ask for sleeping pills. The CIC asked if sleeping pills had been causing an issue at the CDF. In answer, staff explained that sleeping medications are closely tracked, and the only inmates who will be given medications are those who were on a sleeping medication in the community. Staff noted that there is an exception for inmates on the first night in the CDF, where they may be given Benadryl to aid them in “adjusting.”

⁵⁷ DRUG POLICY ALLIANCE, *What is Naloxone* 1 (February 2016), available at https://www.drugpolicy.org/sites/default/files/DPA%20Fact%20Sheet_What%20is%20naloxone%20%28Feb.%202016%29.pdf.

⁵⁸ STOP OVERDOSE IL, *All about Narcan*, <http://stopoverdoseil.org/narcan.html>.

⁵⁹ DRUG POLICY ALLIANCE, *What is Naloxone*, *supra*, note 57.

⁶⁰ In January 2018, the DOC provided the CIC a summary of deaths of inmates in DOC custody in FY2017. This summary included documentation of two inmate deaths caused by heroin, fentanyl, and diphenhydramine overdose.

⁶¹ See Keith L. Alexander, *Two D.C. Jail Inmates Found Dead in May Died from Opioid Overdoses*, THE WASHINGTON POST (June 20), https://www.washingtonpost.com/local/public-safety/two-dc-jail-inmates-found-dead-in-may-died-from-opioid-overdoses/2017/06/20/b2085796-55fa-11e7-a204-ad706461fa4f_story.html?utm_term=.abb47a3b31a6.

⁶² See *id.*

⁶³ See *id.*

Medical staff explained that as a treatment for bipolar disorder, Seroquel is often a prescribed drug. However, the drug, in a non-therapeutic dose, can be used to induce sleep. The DOC does not administer Seroquel to inmates, and therefore if an inmate with bipolar disorder was being treated with Seroquel while in the community, his or her prescription is changed while in DOC custody.

Communication Regarding Medical Information of Incoming Inmates (from the Community and the BOP)

In terms of communication with the BOP when an inmate is transferred between BOP and DOC custody, medical staff said that there is a form containing diagnosis and medication information that is sent with the inmate – via the U.S. Marshal Service (USMS) – when the inmate is transferred from the DOC to the BOP. Furthermore, the DOC medical records department is in contact with the BOP if the BOP requests additional records.

When asked about individuals who move from a BOP facility to the DOC, and whether or not their medical documents and history follows them, CDF staff said that the DOC can contact the BOP for records, but the DOC, always completes its own medical and mental health assessments of inmates. One staff member reported that based on his own observations and experience, most often the treatment and medications prescribed are the same between the DOC and the BOP.

C. Inmate Comments

During and after CIC inspections of DOC facilities, the CIC has received comments from inmates regarding medical services.

- An inmate reported that his finger was injured during his arrest and it was visibly swollen when the CIC spoke with him. He said that when he first arrived at the CDF, an x-ray was taken, but despite 3-4 medical requests, he has not seen any medical personnel and has not received treatment for his injury.
- Another inmate claimed that he was given a medical slip for a bottom bunk due to a knee problem, but he was never assigned a bottom bunk.
- Despite another jail indicating in writing that he was in need of a wheelchair, an inmate was repeatedly denied a wheelchair while in DOC custody because medical staff there did not affirm that he needed one.
- Another inmate suffered an injury while in DOC custody and required a walker, but walkers were repeatedly taken out of his cell by medical staff. He ceased receiving physical therapy when moved from CDF to CTF, and has not been given an explanation as to why treatment ceased. He says his condition has deteriorated without physical therapy.
- An inmate with the chronic condition asthma reported that he receives chronic care every six months.
- One inmate commented that it takes so long to see medical staff that the problem either gets worse or works itself out over time.

VII. Mental Health Care

The CIC toured two CTF mental health units in June 2017. In September 2017, the CIC toured both of the mental health units at the CDF: the Acute Mental Health Unit and the Mental Health Step Down Unit. For each inmate incarcerated in a DOC facility, the DOC administers a mental health evaluation.⁶⁴ Each inmate is screened for possible mental health issues, and if the possibility of one or more is suspected, the inmate is referred to a mental health clinician for a full evaluation.⁶⁵ The evaluation can lead to additional steps, some of which are the following: referral to a staff psychiatrist for further evaluation; referral for housing on a mental health unit based on acute care needs; group counseling; and psychotropic medications.⁶⁶ The DOC documents the inmate's treatment in an Individualized Treatment Plan.⁶⁷ In a program statement issued by the DOC, it is explained that "information about the availability of, and access to, health care services is communicated orally and in writing to inmates upon their arrival to the CDF in a form and language they understand."⁶⁸

CDF Staff reported that there is very little communication with outside mental health care providers. Recently, however, additional Department of Behavioral Health (DBH) staff members have been added to DBH staff working at the DOC. At the time of the CIC September visit to the CDF, there were three DBH liaisons working at the CDF. The liaisons are meant to connect inmates to services in the community, post-release, in order to streamline the continuity of care.

A. CTF Mental Health

The Acute Mental Health Unit for women at the CTF has a capacity of 25 inmates. On June 22, 2017, the population was 16 inmates. CTF staff reported that in fiscal year 2018, the number staff working in the Acute Mental Health Unit for women and the Step-Down Unit is supposed to be increased to include two mental health clinicians in addition to nurses and outside providers.

The men's CTF Mental Health Unit has the capacity for 50 inmates, and at the time of the June CIC visit, there was a population of 44 inmates. On the Mental Health Units, there are three DBH forensic specialists who link and refer inmates to community service providers.

B. CDF Acute Mental Health Unit (S-3)

The Acute Mental Health Unit (Acute Unit) is a housing unit for inmates who have recently experienced a serious mental health crisis. The capacity of the unit is 80 inmates, single celled. The population at the time of the CIC's September 2017 visit was 52 inmates. There is at least one nurse on the Acute Unit at all times. The CIC spoke with an officer who has worked on the Acute Unit for the past two years. The officer said that he participated in basic mental health training that spanned a week or two. Officers are required to have this training in order to work on the unit. The officer estimated that inmates stay on the Acute Unit for two to three months.

⁶⁴ See D.C. DEP'T OF CORR., *Mental Health Services at DOC*, <https://doc.dc.gov/page/mental-health-services-doc>.

⁶⁵ See *id.*

⁶⁶ See *id.*

⁶⁷ See *id.*

⁶⁸ See D.C. DEP'T OF CORR., PROGRAM MANUAL: MEDICAL MANAGEMENT 6000.1H 26 (2013), available at <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PM%206000.1H%20Medical%20Management.pdf>.

The CIC spoke with a Unity nurse practitioner working on the Acute Unit who explained that one way in which inmates can be housed on the unit is during through designation during the intake process. During intake, all inmates go through a mental health evaluation. If there are any signs of a mental health issue, inmates are sent to the Acute Unit, rather than to the Intake Unit. The head of the Acute Unit explained that taking a psychotropic medication is not in and of itself sign of a mental health issue that would lead to placement on the Acute Unit. Inmates on all units are medicated with psychotropic drugs. The difference between someone who is in general population verses the Acute Unit or the infirmary is whether the individual is or is not able to function with the assistance of medication.

The nurse practitioner explained that there are two levels of the Acute Unit. The first is the “Intake” component where inmates remain for three to four weeks. Inmates on this Intake side are out of cell for two hours every day. Half of inmates on the Intake side are out of cell at one time, in two shifts – a day and evening shift – that switches every other day. Throughout this time, inmates are evaluated for stability. When they are deemed to be stable, they are moved to the “General Population” side of the Acute Unit. Inmates in this General Population side are out of their cells for most of the day.

The nurse practitioner explained that if an inmate experiences a severe mental health crisis, the crisis is first addressed through a psychiatric evaluation. The evaluating psychiatrist might prescribe “injections” or make a change to the inmate’s medication treatment. The Acute Unit also has additional suicide safe cells.⁶⁹ The nurse practitioner explained that when inmates are placed on suicide watch, what they are allowed to have in their cells depends on what the mental health clinician indicates. The Acute Unit is equipped to provide inmates with suicide blankets, smocks, and/or mattresses.

As well as housing inmates who have been evaluated while incarcerated and designated to the unit, the Acute Unit also houses people who have been court-ordered to receive a competence evaluation at St. Elizabeths Hospital, but who are waiting for bed space to open at that facility. Unity staff explained that it is problematic for individuals who are waiting to have an evaluation at St. Elizabeths to be held on the Acute Unit. The issue is that incompetence to stand trial and an acute mental health crisis or disorder that would typically lead to placement on the Acute Unit are not synonymous. The Acute Unit is a restrictive unit in that inmates are single celled and do not always spend many hours out of cell each day. Individuals who are housed on the unit pending a competency evaluation do not necessarily need to be in that restrictive setting. In September, it was reported to the CIC that there was one person on the Acute Unit waiting to be taken to St. Elizabeths for evaluation. In the past, there have been three or more people placed in the Acute Unit who were waiting for space to open at St. Elizabeths.

C. CDF Mental Health Step Down Unit (N-3)

The Mental Health Step-Down Unit (MHSDU) opened on May 2, 2016, as a result of recommendations from the Suicide Prevention Task Force.⁷⁰ The MHSDU was created to serve as

⁶⁹ See Section VI(B) for explanation of safe cells.

⁷⁰ The Suicide Prevention Task Force conducted a review of DOC facilities in order to facilitate recommendations for enhancing suicide prevention protocols, strategies, and practices. *See* D.C. DEP’T OF CORR., SUICIDE PREVENTION TASK

a therapeutic environment with more programs than the Acute Unit, less intensive care and treatment, and greater independence.⁷¹ The goal is to prepare inmates to enter back into the general population of the jail and the larger, outside community.⁷² For example, rather than being in single cells, as is the case in the Acute Unit, inmates on the MHSDU are housed in double cells. Rather than having all services provided on the unit, inmates are expected to walk to the medical wing, chapel, or other approved areas without an escort. Inmates on the MHSDU also have more opportunities to interact with other inmates in, for example, group art sessions. The components of the program include individualized mental health care, medication management, treatment plans, group and individual counseling, less restrictive housing (as compared to the Acute Unit), a therapeutic community and activities, and discharge planning.⁷³

At the time of the CIC 2017 visit, there was only one tier on one side of the unit used for housing inmates. The MHSDU has a total capacity of 18 inmates, and had a population of 10 inmates when the CIC visited in September 2017. As the CIC was walking into the unit, DOC staff pointed out that one attempt that had been made to reduce the sensory harshness of the physical environment of the unit, was to place plastic covers on the ceiling light fixtures, in order to dim the brightness of the florescent lights. There is an open area in the MHSDU, similar to the communal spaces that are in other housing units. Unlike other housing units, however, the MHSDU has an open space on one of the top tiers that is a communal space with couches and a TV, and the bottom half of the wall is painted with a mural. Other units do not have an additional communal space with couches, and the walls are either monotone or windowed.

While on the MHSDU, the CIC had the opportunity to speak with a therapist who runs a mandatory therapy session for inmates on the unit. This particular therapist had been working on the MHSDU since it opened. The therapist informed the CIC that all of the inmates on the MHSDU come from the Acute Unit, when it is deemed that they seem stable enough to go to the MHSDU in that they have an understanding of what the MHSDU is. Inmates who cease to take prescribed medications or have an acute mental health crisis while on the MHSDU are most often sent back to the Acute Unit. The therapist identified depression, bipolar disorder, schizoaffective disorders, and drug-induced psychosis as common diagnoses of inmates on the MHSDU.

In addition to mandatory sessions, inmates on the MHSDU have the opportunity to participate in a number of programs including: stress management, life skills, social skills, spirituality, and learning chess. The therapist said that inmates can participate in as many of these programs as they choose, but must participate in two.

The therapist informed the CIC that the officers who work on the MHSDU receive a 40-hour training that addresses how to appropriately handle inmates with particular mental health needs, and

FORCE REPORT: D.C. DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES ADMINISTRATION (October 14, 2013), available at https://doc.dc.gov/sites/default/files/dc/sites/doc/release_content/attachments/SPTF%20Final%20Report%20November%206%202013.pdf.

⁷¹ See D.C. DEP'T OF CORR., POLICY AND PROCEDURE: STEP-DOWN UNIT 6000.3 2 (2016), available at <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%206000.3%20STEP-DOWN%20UNIT%2004-29-2016.pdf>.

⁷² See *id.*

⁷³ See *id.* at 5.

increase understanding of mental health disorders. Officers, case managers, and therapists were also reported to meet regularly to discuss the situations of inmates.

When asked what could be improved on the unit, the therapist expressed a need for direct communication and sharing with the BOP, in order to facilitate consistency and continuity in the treatment of inmates.

The CIC spoke with a new employee, who was working at the jail as a DBH liaison. He explained that he would be leading a support group about life and social skills. In the larger picture, one of the purposes of his position is to connect inmates to DBH while they are incarcerated, in order to facilitate connection to community services and resources – such as drug rehabilitation, employment opportunities, housing, and mental health services – upon the inmate's release.

D. Suicide Prevention

Suicide was discussed with multiple members of the medical and mental health staff at the CDF, as an ongoing issue that DOC staff takes very seriously, particularly in light of the suicides that occurred at the jail in 2013. Medical staff explained that they categorize suicide attempts in terms of severity level as well as the responses/measures that medical staff takes following suicide actions.

- Suicide Attempts
 - Suicide Gestures – Staff said that an example might be suicidal words paired with an action or motion.
 - Serious Attempt – Staff said an example would be an inmate slamming his or her head against a wall.
 - Critical Attempt – If an attempt is deemed critical 911 is called. Medical staff reported that there are very few critical suicide attempts. One staff member estimated that in the last six months there had been one or two critical attempts at the jail. Most often, in the recent past, the method of suicide attempt has been inmates who have orally ingested a poisonous substance.
- Responses by the DOC
 - Suicide Observation – The inmate is evaluated by a psychiatrist.
 - Suicide Precaution – The inmate is placed in the infirmary or on the Acute Unit (CDF), where they are observed every fifteen minutes.
 - Suicide Watch – The inmate is under constant observation, meaning that someone watches them day and night.

CDF staff explained that any indication of suicide, whether an action or word, is met with some sort of observation of the inmate. Suicide attempts will lead to the inmate being placed on suicide watch. Expressed suicidal thoughts lead to an inmate being placed on suicide precaution. An inmate is released back to unit if he is stable, with continued appointments with a mental health clinician. It was estimated by staff that there are between 10 and 16 documented suicide attempts every month (a number that includes gestures, serious attempts, and critical attempts).

CDF medical staff reported that in response to the 2013 suicides at the CDF, one of the increased precautions the DOC has taken is to increase the number of safe cells at the jail. On the Medical

Unit there are three safe cells and one dry cell (a safe cell with no water). There are additional safe cells on the Acute Mental Health Unit. The safe cells have a toilet/sink unit, a plastic bed (no mattress) that has handles where restraints can be attached, and the top half of the door is a curtained window, with the curtain on the outside of the cell. There is a camera in the cell, so that the inmate can be on 24-hour observation. The camera footage is displayed on monitors in the nurse's office that is adjacent to the safe cells. During the CIC visit, there was one inmate in one of the safe cells, and he was about to be taken out of the cell for a shower and a 5-minute phone call. According to staff every month there are about 50-60 inmates placed in safe cells.

The CIC spoke with a medical health supervisor at the jail, who reflected that that since changes to suicide observation, he has not noted an identifiable impact. The staff person also said that most suicide attempts are made by inmates housed on one of the status units. Medial staff reported that two weeks prior to the CIC's September tour, one inmate committed suicide; and the last suicide prior to this one was in December 2016.

CDF staff reported that a current trend in the method of suicide attempts among DOC inmates has been swallowing batteries. Following this rise in behavior, the Acute Unit removed all batteries from the unit premise.

In January 2018, the DOC provided the CIC information on suicides and suicide attempts by inmates in DOC custody in FY2017. The DOC reported that there was one suicide by hanging, and one death following an attempted suicide by hanging. It was reported that there were 39 suicide attempts in FY2017. See the chart below for a summary of the methods of attempts and number of attempts.

CHART 5: *Suicide Attempts FY2017*

Type of Attempt	Number of Attempts
Swallowing Batteries	16
Banged Head	5
Tied sheet	5
Allegedly Swallowed Pills	3
Jumped off Tier	2
Allegedly Drank Fluid	1
Bag Over Head	1
Drank Liquid Soap	1
Swallowed Foreign Object	1
Swallowed Pills	1
Swallowed Plaster	1
Swallowed Screw	1
Swallowed Substance	1

Source: DOC Summary of Suicide Attempts (on file with the CIC).

VIII. Educational Opportunities

In June 2017, the CIC toured classrooms where inmates at the CTF can participate in different educational programs. In September 2017, the CIC toured the GED Unit at the CDF, which is a unit where inmates live and study to take the General Education Development (GED) test. The CIC also toured the District of Columbia Public Schools (DCPS) Inspiring Youth Program (“IYP”, or “school”) at the CDF that serves inmates 18 years old who have not yet graduated from high school, and individuals 18-22 years old who have an IEP.

A. CTF Education Programs

In the CTF, a number of educational courses are available to inmates who have at least a 60-day sentence with 45 days to serve. In addition, to be enrolled in certain courses, inmates need to have at least an eighth grade reading comprehension level. For inmates who have not attained an eighth grade reading level, staff reported that occupational and adult education courses are available. There is no time limit for how long inmates are able to participate in courses and programs. Every inmate who participates in a course work takes a Northpointe COMPAS Risk & Need Assessment System test,⁷⁴ which is intended to identify and measure recidivism risk factors and inform post-release planning. Inmates are also given a Comprehensive Adult Student Assessment Systems (CASAS) assessment.⁷⁵ Courses include Pre-GED classes, GED preparation, English as a Second Language (ESL) courses, digital literacy, Employment Techniques Awareness and Preparation Program (ETAP), and University of the District of Columbia (UDC) Center for Workforce Development. These programs can be taught in six classrooms that are in the CTF, or on particular housing units.

According to CTF staff, the digital literacy program that is taught by an IT specialist offers instruction in a number of subject areas, including:

- a) Computer Science – with instruction about networks, hardware, software, and how to identify viruses.
- b) Computer management – with a focus on learning about control panels.
- c) Computer applications – with instruction on Microsoft Word, Excel, and Power Point.
- d) Miscellaneous subjects.

There are 13 computers available to inmates in the classroom where computer courses are taught. Staff reported that the Internet is not available to inmates in the classroom due to “worries about search terminology.”

⁷⁴ “COMPAS is a fourth generation risk and needs assessment instrument. It is a web-based tool designed to assess offenders’ criminogenic needs and risk of recidivism. Criminal justice agencies across the nation use COMPAS to inform decisions regarding the placement, supervision and case management of offenders. Empirically developed, COMPAS focuses on predictors known to affect recidivism.” NORTHPOINTE, *Practitioners Guide to COMPAS 1* (Aug. 17, 2012), available at http://www.northpointeinc.com/files/technical_documents/FieldGuide2_081412.pdf.

⁷⁵ “CASAS is a nonprofit organization that provides assessments of basic skills for youth and adults and curricular tools to target instruction.” CASAS, *About CASAS – Comprehensive Adult Student Assessment Systems*, <https://www.casas.org/about-casas>.

The ETAP program is designed to prepare inmates to go back into the community, through resume writing, mock interviews, preparing for typical work day hours, and instructor feedback. Staff reported that the UDC Center for Workforce Development⁷⁶ teaches courses at the CTF.

Other programs that are offered in the classrooms and on units include life skills, anger management, and substance abuse programs. Women go to educational programs in the morning and men in the afternoon. CTF staff said that there are specific topics that have been tailored for female inmates.

Staff reported that the Work Readiness Program, which was a unit on the CDF, was shut down for the time being because it was being moved from the CDF to the CTF. The Work Readiness Program partners with the Department of Employment Services (DOES) and is intended to provide male inmates with comprehensive career training and the skills necessary for successful reentry into the workforce. The program was designed to include classroom instruction and activities focused on life and employment skills development.⁷⁷ The Work Readiness Program is equivalent to DOES's Project Empowerment, which is a community job assistance program.⁷⁸ Staff said that the CTF should have the Work Readiness Program running by September 2017. Additionally, staff reported that a goal of FY2018 is to open a work readiness program that is available for female inmates.

B. CDF GED Unit (SE-2)

The GED Unit is a residential unit that offers a General Education Development (GED) preparation program to qualifying inmates.⁷⁹ Course work covers English, mathematics, science, social studies, reading, writing, literature, and the arts.⁸⁰ This education program is only available to inmates who do not have high school diplomas, and is targeted to inmates who are serving sentences between 90 and 120 days.⁸¹ The enrollment process includes an application and pre-enrollment assessment.⁸² Only inmates who obtain a certain score on the pre-enrollment assessment are eligible to participate.⁸³ In addition, the unit reviews inmates' behavioral history as part of the

⁷⁶ "The UDC Community College Division of Workforce Development and Lifelong Learning (WDLL) provides District of Columbia residents with job skills training that enable them to pursue employment opportunities. WDLL focuses on industries that provide the highest number of employment opportunities within the District and in the metropolitan area." Industry focuses include: Automotive and Truck Maintenance and Repair; Construction and Property Management; Early Childhood Education; Healthcare-Direct Care and Healthcare Administration; Hospitality and Tourism; Information Technology and Office Administration; and Infrastructure, Transportation, and Logistics. UNIVERSITY OF THE DISTRICT OF COLUMBIA, *Workforce Development*, <https://www.udc.edu/cc/workforce-development/>.

⁷⁷ See D.C. DEP'T OF CORR., POLICY AND PROCEDURE: REENTRY PROGRAM AND SERVICES 4923.5D 16 (2015), available at <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%204923.5D%20-%20Reentry%20Program%20and%20Services%208-25-15%20wsig%20complete.pdf>.

⁷⁸ Project Empowerment is a work readiness program designed to provide "unemployed District residents with opportunities to grow in education, training, and subsidized employment placements each year. Project Empowerment achieves its mission of moving participants into the workforce by partnering with government, non-profit, and private businesses across the DMV area to recruit, train, match, and coach candidates for successful employment." DEP'T OF EMPLOYMENT SERVICES, *Project Empowerment Program*, <https://does.dc.gov/service/project-empowerment-program>.

⁷⁹ See D.C. DEP'T OF CORR., *GED and Adult Basic Education Services at DOC*, <https://doc.dc.gov/page/ged-and-adult-basic-education-services-doc-support-services>.

⁸⁰ *Id.*

⁸¹ *Id.*

⁸² *Id.*

⁸³ *Id.*

enrollment process. Inmates in the program have class Monday-Friday, and once they reach a certain level of proficiency are able to sit for the GED test when it is administered. The DOC reported that in FY2017, 21 inmates took the GED exam and four inmates passed.

i. Current Class and Instruction

When housed on the GED Unit, inmates are instructed by one teacher, two community volunteers, and several peer tutors. Incarcerated individuals – some who have earned a high school diploma or GED and some who are working toward or have earned college degrees – supplement instruction of the program, by serving as peer tutors. At the time of the CIC 2017 visit, there were 12 peer tutors. The GED Unit housed 64 inmates on September 26, 2017, and has a total capacity of 75 inmates. When the CIC toured the unit, there were four inmates living on the unit who were attending the DCPS-IYP school rather than participating in the GED course programming.⁸⁴ All of the inmates in the unit have either medium or maximum-security levels.

The GED class is split into groups based on learning levels. The unit uses the CASAS, which is a competency-based assessment system, designed to evaluate inmate's basic skills and performance in areas such as English, literacy, and math. There are five different learning levels that an inmate can be placed into. See the chart below for the list of levels as well as the number of inmates who were in each level in September 2017.

CHART 6: *GED Unit Learning Levels and Number of Inmates*

Learning Level	Number of Inmates in the Level
Advanced	3
GED	12
Pre-GED	9
Second to Lowest	3
Lowest	1

Source: Information gathered on the CIC September 2017 inspection.

****Note that the second two lowest levels are taught together, and inmates' reading comprehension levels range from grades 1- 6.***

There are three 50-minute classes per day on the GED Unit. The first class is at 10:00am, the second at 11:00am, the inmates then break for lunch, and finish with a third class that ends around 2:15pm. Subjects include language arts, math, science, social studies, and computer studies on Fridays. The GED Unit recently implemented a new schedule of switching class subjects during the day, rather than being in one class of the same subject from 10:00am-2:15pm.

Inmates prepare for the GED by using the GED ready test. If an inmate passes that test, he will be allowed to sit for the GED test. The GED testing is conducted by Offices of State Superintendent of Education (OSSE) using the Mobile Testing Unit. The Mobile Testing Unit refers to the computer equipment that is assembled and disassembled in one of the CDF units periodically so that

⁸⁴ See Section VIII(C) for information about the DCPS-IYP at the CDF.

inmates may sit for the GED exam. The computer equipment that is used in the mobile unit is stored at the CTF.

The GED instructor reported that the last GED test was administered in late August and three out of seven test takers passed the exam. The instructor noted that the GED test can be passed in parts, so there may have been inmates who passed parts of the exam, but not the entire exam. The instructor explained that most inmates who pass the exam are sent back to the unit from which they came, unless they are approved to stay on the GED Unit as a tutor.

When asked about the existence and efficiency of record transfers between BOP and the DOC, the GED instructor indicated that she has been able to obtain education records through GED services, but has not done so by contacting the BOP. She calls the GED service to learn if particular inmates have passed the GED, and has not needed a signed release to do so.

The instructor told the CIC that there is a new collaboration forthcoming between the GED Unit and the Workforce Development Program at UDC, to connect returning inmates to educational classes or trade schools.

There is a large population of Spanish speakers on the GED Unit – 24 inmates. A Spanish GED class is offered, with help from Spanish speaking instructors (volunteer and peer tutors).

C. CDF DCPS School – Inspiring Youth Program (IYP)

Juvenile inmates who are criminally charged as adults under Title 16 of the DC Code,⁸⁵ are housed on the Juvenile Unit in the CTF.⁸⁶ When those youth turn 18 years old, if not transferred to a BOP facility, they are usually transferred to the CDF. The CTF Juvenile Unit has a program run by DCPS so that youth offenders can continue to go to school and work toward earning a high school diploma. The CDF opened a DCPS school, IYP so that youth inmates who have turned 18 but have not yet earned a high school diploma may continue to go to school while they are at the CDF.

The IYP is also available for inmates between the ages of 18 and 22, who have an Individualized Education Program (IEP), i.e., individuals who have been identified as having an education disability. The Individuals with Disabilities Education Act (IDEA) is “a law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children.”⁸⁷ According to the IDEA, “A free appropriate public education is available to all children with disabilities residing in the State between the ages of 3 and 21.”⁸⁸

While on the tour of the CDF, the assistant principal of the IYP told the CIC that there is a MOU between DCPS, OSSE, and the DOC, regarding the provision of services at the IYP. The CIC requested but was not permitted to view that MOU.

⁸⁵ DC Code § 16-2307. *Transfer for Criminal Prosecution*.

⁸⁶ See Section IX for a description of the CTF Juvenile Unit.

⁸⁷ DEPT OF EDU., *About IDEA*, <https://sites.ed.gov/idea/about-idea/>.

⁸⁸ IDEA §1412 (1)(A); “The term ‘child with a disability’ means a child – (i) with intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance...orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and (ii) who, by reason thereof, needs special education and related services.” IDEA §1401(3)(A).

Eighteen to twenty-one year old individuals who have an IEP from their time in school and are in DOC custody are entitled to a special education and related services under IDEA. The assistant principal of the IYP explained that the means through which inmates are identified as having an IEP is through self-report. Case managers have been instructed ask their assigned inmates who are between the ages 18 and 22 if they have an IEP. If the inmate says yes, or says that he does not know, a DCPS investigator calls the school that the inmate identifies he went to, in order to verify if that inmate has an IEP.

The CIC was told that on September there were a total of 24 students currently attending the IYP. The breakdown of juvenile/IDEA students is as follows:

CHART 7: *Students in the IYP*

Inmate/Student Type	Number
Juvenile just turned 18	1
IDEA Students (18-22)	23
IDEA Students on Status Units*	7 of 23

Source: Information gathered on the CIC September 2017 inspection.

****Inmates who are eligible for IDEA but are on status units, also known as restrictive housing units, are either taught in a classroom setting with condensed classes (if they are in SMU) or are given learning packets to complete on their own (if they live on Status Unit N-1).***

The IYP team is made up of teachers, special education instructors, a psychologist, and teacher's aids, who split their time between the school in the juvenile unit and IYP in the CDF. The IYP is located within a large office space that includes two or three small offices for DOC personnel, a small conference room that is used for US Parole Commission hearings, three or four desks in the open area for DOC case managers, a front office that is used as small classroom space, and a back room that is a larger classroom space. The CIC inspected the IYP at a time when students were not in class, and thus, was not able to observe any live instruction.

A staff member unlocked the small classroom so that CIC staff could view it. In this room there was one instructor desk and one round table with space for five chairs. There was also a counter along one wall for additional students. Based on the syllabus that was on the table, the schedule on the white board, and the posters around the room, the instruction in this classroom appeared to be for an entrepreneurship course.

IYP Class Schedule (as posted in the smaller classroom):

- 8:45am-9:50am: English Language Arts (ELA)/Career and Technical Education (CTE)
- 9:50am-11:00am: CTE/Social Studies
- 12:15pm-1:15pm: Math
- 1:15pm-2:30pm: Science

The larger classroom has had an "L" shaped counter along two walls that has 11 computers and seats for students. The CIC spoke with the assistant principal of the IYP in the larger classroom. The CIC asked the assistant principal if there is anything that can be done to delay the transport of a

juvenile inmate from DOC custody who is very close to graduating. He answered that juvenile inmates can ask their judge to delay sentencing in their case until after they have graduated from high school.

IX. Juvenile Unit

During the June 2017 CTF visit the CIC inspected the Juvenile Unit, which houses male, youth inmates ages 15-17, who have been criminally charged as adults. The Juvenile Unit is in the CTF because the CTF building is able to provide space for sight and sound separation from the adult jail population, as required by the Juvenile Justice and Delinquency Prevention Act of 1974 (JJDP A)⁸⁹ and PREA.⁹⁰ The Juvenile Unit has a total of 18 double cells and 16 single cells for a population capacity of 52 inmates. At the time of the visit there were 16 juveniles on the unit, ages 16 and 17. The juveniles were being temporarily housed on unit C4C, because the permanent Juvenile Unit – C4B – was being painted. There are four officers and one sergeant on the unit. On the night shift, there are three officers and one sergeant on the unit.

In FY2017, the District passed the Comprehensive Youth Justice Amendment Act of 2016, which calls for all those under age 18 who are charged as adults pursuant to Title 16 of the DC Code to be moved from custody of the DOC to the custody of the Department of Youth Rehabilitative Services by October 1, 2018.

Tier System

The Juvenile Unit uses a ranking system that consists of tiers. Each tier is associated certain privileges, and inmates earn points in order to progress to the next tier. DOC staff explained that there are three tiers that juvenile inmates progress through: Bronze, Silver, and Gold. Juveniles are able to progress from tier to tier based on points earned from participation in school, programming, cleaning, and positive behavior. Juveniles on the Bronze, Silver, and Gold Tiers are each allowed to have one contact visit every month. Juveniles on the Gold Tier are allowed to have an additional contact visit every month. There is no limit on video visitation, which family members can arrange to have with juveniles. CTF staff reported that additional privileges juveniles earn as they move up the tiers include recreation, increased phone use, access to television and video games, snacks, and meals from restaurants.

Disciplinary Housing

Staff reported that for juvenile inmates who are designated to disciplinary housing, the goal is for juveniles to be out of cell as much as possible. According to CTF staff, juveniles are out of cell for two hours every shift, in addition to the programs that they attend.

Programming

The Juvenile Unit offers inmates a number of programs. The programs that were mentioned by staff during the tour of the Juvenile Unit are listed below:

⁸⁹ See 42 U.S.C. 5633(a)(13)(A) and (B).

⁹⁰ See 28 CFR § 115.14.

Education

- The DOC, in order to be in compliance with federal and local law, is obligated to provide children under the age of eighteen the opportunity to pursue a high school diploma. Therefore, there is a school within the CTF that juveniles attend.
- At the CTF, juvenile inmates have school on weekdays and, as CTF staff reported, have seven classes per day. The goal of the school is for students to earn their high school diplomas. On the June visit, CTF staff reported that around 18 or 20 students recently graduated from the school. When the CIC toured the unit, the school was on a “summer break” until June 26, 2017.

Life Skills

- The Hope Foundation Reentry Network Inc. runs a program for juveniles at the CTF on Wednesdays. Some of the topics covered in the Hope Foundation program include anger management and life skills. The Hope Foundation provides community transitions services to returning citizens to promote successful re-integration and reduce recidivism through mentoring, addiction prevention services, workforce development, and job/employment training opportunities.⁹¹
- Free Minds book club runs a program for juveniles at the CTF on Tuesdays. A description of the Free Minds program is the following: “Free Minds uses books, creative writing, and peer support to awaken DC youth incarcerated as adults to their own potential. Through creative expression, job readiness training, and violence prevention outreach, these young poets achieve their education and career goals, and become powerful voices for change in the community.”⁹²
- UDC assists juveniles with occupational literacy (the ability to read and comprehend job-related material), resume building, and job skills training.

⁹¹ See THE HOPE FOUNDATION, HOPE REENTRY NETWORK DC, <http://www.hopereentrynetworkdc.org/home.aspx>.

⁹² FREE MINDS, <http://freemindsbookclub.org/>.

X. Federal Bureau of Prisons Unit

In June 2017, the CIC toured the BOP Unit in the CTF.

The BOP has an inter-governmental agreement (IGA) with the DOC for use of up to 200 beds for incarcerated DC persons in BOP custody for short terms (under 9 months). However, for at least the past two years, the BOP has only used about 40% of the available beds under this IGA. When the CIC visited the CTF in June, inmates in BOP custody but in a DOC facility were housed on a designated unit with a capacity of 50 inmates. At that time, there were 49 inmates on the unit. Some inmates, under BOP custody, were housed in the unit following a parole/supervised release revocation hearing with the United States Parole Commission (USPC). CTF staff reported that the inmates on this unit are typically within nine months of release. In addition, some of the inmates housed on the unit applied, but were not approved for, placement in a halfway house. CTF staff mentioned that in terms of programming, life skills programs are run on the unit.

The CIC has learned that some incarcerated DC residents with short-term sentences to be served in BOP custody are not staying in the DOC's BOP Unit. Instead, some are being transferred directly to BOP facilities, and others have been transferred to Virginia Regional Jails (such as Piedmont and Northern Neck) by the US Marshal Service (USMS). The CIC asked CTF staff about these transfers. The staff responded that they simply receive paperwork with transfer orders from the USMS and comply with these orders. They do not know when or who will be transferred, or to where. It is cheaper to house inmates at VA regional jails⁹³ or in BOP facilities⁹⁴ than at the CTF; and short-term sentenced felons, who are otherwise eligible to stay at CTF (short sentence, medium or lower security, no known separation issues), are being transferred away from the BOP Unit.

⁹³ A USMS staffer informed the CIC that it costs about \$55 per day to house someone at a VA regional jail, but about \$133 per day at a DOC facility. The USMS has the contract with the VA regional jails, and the USMS is responsible for transporting inmates on the BOP's behalf. The BOP then reimburses the USMS for any VA regional jail beds used by those in BOP custody. Since the BOP does not have contracts with these VA regional jails, the CIC is not authorized to inspect these facilities.

⁹⁴ Average daily cost per inmate in BOP for FY2015 was \$87.61, per BOP's own calculations. *See* FEDERAL PRISON SYSTEM: PER CAPITA COSTS, FY 2015, signed by Interim Director Thomas Kane on Feb. 11, 2016, available at https://www.bop.gov/foia/fy15_per_capita_costs.pdf.

XI. Secure Residential Treatment Program

In June 2017, the CIC toured the Secure Residential Treatment Program (STRP) Unit in the CTF. The SRTP was a six-month intensive substance abuse treatment program with a focus on criminal thinking. The SRTP Unit was only open to male inmates. When the CIC visited the SRTP Unit in June, the inmate population was 16 inmates. The program was provided through a contract with the BOP that expired on June 30, 2017. When the CIC visited the CTF in June 2017, staff reported that there was no plan for the operation of the program at the end of the contract. The contract included placements for 32 inmates.

The DOES Work Readiness Program was slated to move from the CDF to the former STRP Unit in the CTF during the summer of 2017.

XII. Re-Entry Unit

In June 2017, the CIC toured the male Re-Entry Unit in the CTF. The Re-Entry Unit typically houses pretrial and sentenced misdemeanants as well as short-term felons designated to serve their sentence in a DOC facility.⁹⁵ The program was designed for and serves inmates who have nine months or less to serve, and who are low or medium security.⁹⁶ Life on the unit is modeled after an average workday schedule with the goal of equipping “participants with tools to make a successful transition after release from incarceration.”⁹⁷ There is a population capacity of 48 inmates, and at the time of the June 2017 CIC tour there were 44 men housed on the unit. The unit the CIC toured is only available for male inmates; however, there is a separate Re-Entry Unit available for women.⁹⁸ The Re-Entry Unit also offers good time credits for participating misdemeanants of 3 days per month off of their sentences.⁹⁹

In following a workday schedule, inmates participate in seminars and trainings throughout the day. There are a number of program options offered on the Re-Entry Unit, some of which are run by outside organizations such as the Hope Foundation,¹⁰⁰ DC Department of Employment Services (DOES), Howard University, and Aramark.¹⁰¹ Some of the programs offered include:

- Life Skills Classes
- Parenting Classes
- DOES Project Empowerment¹⁰²
- Employment Classes (Monday)
- Decision Making Classes (Tuesday)
- Critical Thinking Classes (Friday)
- ServSafe Training¹⁰³
- Reentry Anonymous,¹⁰⁴ Alcoholics Anonymous, and Narcotics Anonymous
- Hospitality Classes

⁹⁵ See D.C. DEP’T OF CORR., POLICY AND PROCEDURE: REENTRY PROGRAM AND SERVICES 4923.5D (2015) 14, available at <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%204923.5D%20-%20Reentry%20Program%20and%20Services%208-25-15%20wsig%20complete.pdf>.

⁹⁶ See *id.* at 14.

⁹⁷ See *id.*

⁹⁸ See *id.* at 12.

⁹⁹ See *id.* at 20.

¹⁰⁰ See Section IX for a brief description of the Hope Foundation.

¹⁰¹ See Section XIV for description of Aramark.

¹⁰² Project Empowerment is a work readiness program designed to provide “unemployed District residents with opportunities to grow in education, training, and subsidized employment placements each year. Project Empowerment achieves its mission of moving participants into the workforce by partnering with government, non-profit, and private businesses across to the DMV area to recruit, train, match, and coach candidates for successful employment.” DEP’T OF EMPLOYMENT SERVICES, *Project Empowerment Program*, <https://does.dc.gov/service/project-empowerment-program>.

¹⁰³ See *supra*, note 19.

¹⁰⁴ “Reentry Anonymous is a 12 step program of recovery for men and women struggling with a life destroyed by incarceration and the consequences thereafter as a result of their criminal past, addiction to a life of crime, and the challenges of ex-offender reentry. Reentry Anonymous members share their experience, strength, and hope with each other in order to educate, inform, and support ex-offenders and recover from the hopeless circle of recidivism through criminal addiction.” REENTRY ANONYMOUS, *Reentry Anonymous Educate. Inform. Support*, http://www.reanon.org/Home_Page.html.

- Mentoring
- Howard University's Inside Out Program¹⁰⁵

CTF staff reported that the most helpful community organization that runs a program on the Re-Entry Unit is the Hope Foundation.

In addition to programs that are run on the Unit, CTF staff and outside organizations help connect inmates with services and agencies that can assist them post-release. CTF listed some organizations that inmates are often referred to for assistance with housing, including Blair House¹⁰⁶ and Jubilee Housing.¹⁰⁷ Other community service providers that inmates are frequently referred to are the Mayor's Office on Returning Citizen Affairs (MORCA),¹⁰⁸ Voices for a Second Chance,¹⁰⁹ and So Others Might Eat (SOME).¹¹⁰ There is also a Jobview Kiosk¹¹¹ on the unit, rented through the Inmate Welfare Fund.¹¹²

CTF staff described a pilot program called Family Reunification Day. The program is available for female and male inmates who are on the re-entry units, and their families. Pilot Family Reunification

¹⁰⁵ As part of the Inside Out Program, Howard University undergraduate and graduate students travel to the CTF/CDF to discuss experiences with the criminal justice system.

¹⁰⁶ "Blair House is a large Transitional Rehabilitation housing facility that can serve up to 85 men who are 18 and older. The purpose of this program is to provide individuals with comprehensive supportive services which will enable them to return to independent living and to obtain employment." DC COALITION FOR THE HOMELESS, *Blair Transitional Rehabilitation Program*, <http://www.dccfh.org/programs/housing/blair-transitional-rehabilitation-program>.

¹⁰⁷ Jubilee Housing was founded in 1973 by members of the Church of the Savior to address substandard housing in DC. The organization has grown to "encompass 10 buildings in Ward 1, serving nearly 800 people with housing and supportive services each year. Today as low and moderate income families are being squeezed out of the District due to lack of affordable housing... (the organization's) work makes sure they can benefit from the progress of the city." JUBILEE HOUSING, *About Us*, <https://www.jubileehousing.org/about-us/>.

¹⁰⁸ "The Mayor's Office on Returning Citizen Affairs (MORCA) provides useful information for the empowerment of previously incarcerated persons in order to create a productive and supportive environment where persons may thrive prosper and contribute to the social, political and economic development of self, family, and community." MAYOR'S OFFICE ON RETURNING CITIZEN AFFAIRS, *About MORCA*, <https://orca.dc.gov/page/about-morca>.

¹⁰⁹ "At Voices for A Second Chance we give inmates and returning citizens a second chance to be productive members of our community. We believe that our efforts can make a huge difference in the lives of inmates, returning citizens, and their families. Our goal is to be a catalyst for more dreams to be realized and more lives to be improved." VOICES FOR A SECOND CHANCE, *Voices for a Second Chance: Giving a Second Chance to Inmates and Their Families*, <https://www.vscdc.org/>. Programs at Voices for a Second Chance include the First Responder Program aimed at helping those who are newly incarcerated; Inmate Support which provides inmates at the DC jail with a case worker who meets with inmates at the jail and assists with health concerns, contact with family members, as well as re-entry planning; Re-Entry Services to help those who are newly released back into their community; and In the Community which helps families and children with incarcerated loved ones. See VOICES FOR A SECOND CHANCE, *Voices Programs*, <https://www.vscdc.org/programs>; VOICES FOR A SECOND CHANCE, *Inmate Support*, <https://www.vscdc.org/inmate-support>.

¹¹⁰ "SOME (So Others Might Eat) is an interfaith, community-based organization that exists to help the poor and homeless of our nation's capital. We meet the immediate daily needs of the people we serve with food, clothing, and health care. We help break the cycle of homelessness by offering services, such as affordable housing, job training, addiction treatment and counseling, to the poor, the elderly and individuals with mental illness." SO OTHERS MIGHT EAT, *About SOME: Our Mission*, <http://some.org/about/>.

¹¹¹ "Jobview is a self-service employment application that simplifies the job search process by allowing users to find daily updated local, regional and national jobs from a simple user interface that is purpose built for one task – search and apply for jobs!" JOBVIEW, *Job Search and Apply Made Simple*, <http://www.jobview.com/website/StartPage.aspx>.

¹¹² The Inmate Welfare Fund was established in FY2007, found under DC Code § 24-282, and is used for inmate commissary as well as other "goods and services that benefit the general inmate at District correctional facilities as determined by the inmate Welfare Fund Committee..." DC Code § 24-283; see also DC Code § 24-284.

Days were held on the third Saturday in May and the third Saturday in June, with each day allocated to female and male inmates, respectively. The events, which took place in the gymnasium at the CTF, included activities such as face painting, arts and crafts, a reading area, photographs, and dancing. CTF staff reported that the goal is to host the event (one for women and one for men) every quarter.

In January 2018, the DOC provided the CIC information regarding the Re-Entry Unit in FY2017. In FY2017, 139 individuals participated in the program. See the chart below for types and number of outcomes for program participants.

CHART 8: *Re-Entry Unit Outcomes FY2017*

Outcome Type	Number of Inmates
Transferred back to General Population	9
Released to the Community	68
Transferred by USMS to a Federal Facility	12
Returned to Halfway House after Completion	2
Expelled or Removed	11
Yet to Complete	37

Source: DOC Summary of Re-Entry Unit outcomes (on file with the CIC).

XIII. Residential Substance Abuse Treatment Program

The Residential Substance Abuse Treatment Program (RSAT) was created to be “a therapeutic community substance use treatment program for Department of Corrections (DOC) participants housed at the Correctional Treatment Facility.”¹¹³ In June 2017, the CIC toured the women’s RSAT Unit at the CTF.

The RSAT model addresses substance abuse as a chronic disease, and considers medical, mental health, and substance use in treatment planning, while viewing substance abuse as something that can be controlled by lifestyle choices and modification of behavior.¹¹⁴ It is a structured program designed to provide diagnosis and treatment plans; goals and objectives; education; counseling; identify social, medical, mental health, and community needs; and provide connections to community-based programs.¹¹⁵ Individuals can be referred to the program by a number of sources including correctional staff, medical/mental health staff, criminal justice system partners (including court orders/sanctions), case managers, and self-referrals.¹¹⁶ RSAT promotes accountability, in that participants are supposed to be working toward the goals of the program, and “continued participation is based on the individual’s willingness and ability to learn to make constructive choices.”¹¹⁷ The RSAT program at CTF can accommodate 90 people, 75 men and 15 women.¹¹⁸ CTF staff reported that psychologists, DBH liaisons, volunteers, and community organizations – such as Hope Foundation – lead the RSAT Program.

Some of the services staff listed as available to inmates in RSAT include psychological services, health education, life coaching, etc. One large objective of RSAT is to prepare inmates for reentry, and connect them to community services. RSAT works with DBH to link people to community mental health service providers. Staff noted that other community organizations that individuals are connected or referred to include SOME,¹¹⁹ Jubilee Housing,¹²⁰ and N Street Village.¹²¹

In January 2018, the DOC provided information regarding RSAT in FY2017. In FY2017, RSAT served 267 individuals. See the chart below of types and number of outcomes for program participants.

¹¹³ See D.C. DEP’T OF CORR., POLICY AND PROCEDURE: RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM (RSAT) 6050.3C (2017) 2, available at <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%206050.3C%20Residential%20Substance%20Abuse%20Treatment%20Program%20-RSAT%2003-31-2017.pdf>.

¹¹⁴ See *id.* at 7.

¹¹⁵ See *id.* at 2.

¹¹⁶ See *id.* 13.

¹¹⁷ *Id.* at 5.

¹¹⁸ *Id.* at 7.

¹¹⁹ See SOME, *supra*, note 110.

¹²⁰ See JUBILEE HOUSING, *supra*, note 107.

¹²¹ “N Street Village empowers homeless and low-income women in Washington, D.C. to claim their highest quality of life by offering a broad spectrum of services, housing, and advocacy in an atmosphere of dignity and respect. We help women achieve stability and make meaningful gains in their housing, income, employment, mental health, physical health, and addiction recovery.” N STREET VILLAGE, *About the Village*, <http://www.nstreetvillage.org/about-the-village/>.

CHART 9: *Re-Entry Unit Outcomes FY2017*

Outcome Type	Number of Inmates
Successful Completion	145
Released	11
Transferred to Federal Facilities	7
Dropped Out	19
Failed to Meet Program Requirements	18

Source: DOC Summary of RSAT outcomes (on file with the CIC).

**Additional incompletions may have been in the following areas: rule violations, drop outs, release, transfers, or medical or mental health programs.*

XIV. Inmate Grievance Procedure

The Inmate Grievance Procedure (IGP) refers to the administrative process for expression and resolution of inmate complaints and issues.¹²² In other words, it is the process through which inmates can attempt to have DOC staff resolve issues that they are experiencing. The DOC Inmate Handbook explains to that as a first step in the IGP process, inmates should send request slips or discuss the complaint with a staff member or supervisor.¹²³ If this informal conversation does not solve the problem, the inmate has fifteen days from the incident to file an IGP form. The IGP forms are available from housing unit staff (or inmates can use plain paper). After the inmate has filled out the IGP form, they place it in a locked box marked “Grievances” that is on their unit. A supervisor investigates the complaint and makes a decision within three weeks. The decision of the supervisor is reviewed by the warden, who then makes a final decision. The warden’s decision is communicated to the inmate in writing. The inmate then has five days to appeal the decision to the DOC Deputy Director who has twenty-one days to respond to the inmate’s appeal. If the inmate disagrees with this decision, he or she has five days to appeal, for a second time, to the Director of the DOC, who has twenty-one days to respond.

Between October 1, 2016 and September 30, 2017, there were 681 informal grievances logged and 150 formal grievances, for a total of 831 grievances. The DOC did not provide information on the type of outcome, but did provide the lengths of time it took resolve grievances. The DOC measures its own performance based, in part, on whether grievances were resolved in less than 30 days; although, according to DOC policy, initial decisions are to be made by staff and communicated to the inmate within three weeks of submission. Of the informal grievances, at least 616 were resolved in less than 30 days, and 62 in more than 30 days.¹²⁴ Of the formal grievances, at least 127 were resolved in less than 30 days, and 13 in more than 30 days.¹²⁵

See the chart below for the total number of grievances, with information on grievance types and the numbers of informal and formal grievances submitted for each type.

CHART 10: Inmate Grievances FY2017

Grievance Type	Number of Informal Grievances Filed	Number of Formal Grievances Filed
Access to Health Care	117	6
Food service	104	14
Mail	87	16
Case Management	83	14
Improper staff action	45	45
Property	41	8
Inmate Finance	37	3
Quality of Health Care	27	5

¹²² See D.C. DEP’T OF CORR., POLICY AND PROCEDURE: INMATE GRIEVANCE PROCEDURE (IGP) 4030.1J 2 (2016), available at <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%204030.1J%20Inmate%20Grievance%20Procedures%2011-15-2016.pdf>.

¹²³ DOC Inmate Handbook (*on file with the CIC*).

¹²⁴ Based on the data provided by the DOC, it is unclear if the remaining grievances were solved in less than or more than 30 days.

¹²⁵ *Id.*

Programs	21	4
Discrimination	18	1
Housing	18	2
Access to Personal Hygiene	17	2
Safety and Sanitation	17	6
Records	15	3
Other	12	3
Personal Hygiene	9	0
Discipline	4	5
Canteen	3	4
Challenge Disciplinary Procedures	3	2
Inappropriate Use of Force	1	1
Protection from Harm	1	1
Sexual Harassment	1	0
Access to Courts	0	1
Null or Invalid Code	0	4
<i>Total</i>	<i>681</i>	<i>150</i>

Source: DOC Summary of Inmate Grievances FY2017 (on file with the CIC).

XV. Discipline

In FY2017, a total of 1,333 disciplinary infractions were documented. Of those 1,333 infractions, 1,328 resulted in guilty outcomes, one resulted in a not-guilty outcome, and four were dismissed for technical reasons. Of the 1,328 guilty outcomes, 1,295 resulted in sanctions. The average sanction period was for 26 days, with the longest being 38 days and the shortest being 15 days. Sanctions typically include placement on disciplinary restrictive housing, and/or loss of privileges (including loss of access to commissary, phone use, social visits, etc.). In FY2017, there were 744 inmates placed on disciplinary restrictive housing, for an average length of stay of 27 days.

See the chart below for the total number of infractions, with information on infraction types, number of infractions, number of sanctions given, and the average length of sanctions.

CHART 11: *Disciplinary Infractions FY2017*

Infraction Type	Number of Infractions	Number Sanctioned	Average Length of Sanction (Days)
Fighting	248	247	19
Lack of Cooperation	233	218	20
Threatening Conduct	201	199	26
Indecent Exposure	142	138	38
Possession of Major Contraband	108	106	31
Disrespect	71	64	20
Class II Assault	65	64	36
Assault by Throwing Substance	37	35	33
Damage or Destruction of Property	36	35	26
Out of Bounds	35	35	20
Theft	32	27	28
Impeding Employee in Performance of Duties	27	27	27
Assault without Serious Injury	25	25	32
Possession of Serious Contraband	20	18	24
Creating a Minor Disturbance	15	14	30
Assault with Serious Injury	14	14	31
Creating a Health, Safety, or Fire Hazard	5	5	20
Tampering with a Locking Device	4	4	15
Unauthorized Use of Property	4	4	15
Minor Contraband	3	3	27
Refusing to Work	3	3	20
Lying	2	2	15

Possession of Stolen Property	2	2	15
Abuse of Living Quarters	1	1	15
Arson	1	1	30
Interference with Orderly Operation	1	1	20
Misuse of Authorized Medication	1	1	15
Sexual Activity	1	1	25
Tampering with a Witness of Information	1	1	15
Total	1,338	1,295	26

Source: DOC Summary of Disciplinary Infractions FY2017 (on file with the CIC).

XVI. Kitchen and Food

All food services at the CTF and CDF are provided by Aramark.¹²⁶ According to DOC policies and procedures, “Inmates receive nutritionally balanced meals at regular times during each twenty-four hour period and meals meet recommended dietary allowances and accommodate established therapeutic/medical and religious/special dietary needs.”¹²⁷ In June 2017, the CIC toured the kitchen area in the CTF, and in September 2017, the CIC toured the kitchen area in the CDF.

A. CTF Kitchen/Food Preparation

At the CTF, meals are served to inmates at the following times: between 2:30am and 4:00am, a hot breakfast is served; a cold lunch of cold cut, chicken salad, or peanut butter and jelly sandwiches is served for lunch at 11:00am; and between 5:00pm to 8:00pm a hot dinner is served. Dinner is served to inmates on their units, and transported by food carts that are not insulated. Meals are on a four-menu cyclical rotation.

In June 2017, the CIC spoke with a contract Aramark employee at the CTF who explained that special diets offered at DOC facilities are kosher, vegetarian, and medical diets. The staff person reported that at the CTF two inmates were currently being served kosher meals, and at the CDF four inmates. There were 14 inmates with vegetarian diets at the CTF, and 21 at the CDF.

In addition to Aramark staff, inmates who have already been sentenced are able to work detail in the kitchen and earn \$28 per month. The Aramark staff person reported that there were 12 men working in the CTF kitchen on all three kitchen shifts. Before working detail in the kitchen, inmates must complete a 50-hour ServSafe training.¹²⁸

B. CDF Kitchen

Staff reported that at the CDF, meals are served at the following times: breakfast between 3:00am and 4:00pm; lunch between 9:30am and 12:30am; and dinner between 4:30pm and 6:00pm. One staff person reported that, “99.9% of the time there is hot dinner, hot lunch, and hot breakfast.” In response to questions about the quality of meals, staff commented, “we have to offer them food, they (inmates) can choose not to take it.” Staff went on to say that many inmates supplement or replace meals altogether by buying food from the canteen, also known as commissary.

In terms, of specific dietary needs and restrictions, religious meals are available, as well as larger portioned meals and alternate meals needed due to documented medical issues. Food and meal substitutions are also made for inmates with food allergies.

At the time of the CIC tour, staff reported that there were between 18 and 32 inmates working on detail in the kitchen, with 25 inmates typically working at each meal shift. Inmates on detail can only have minimum or medium custody levels. Staff explained that inmates working detail in the kitchen

¹²⁶ See ARAMARK, *Services*, <http://www.aramark.com/services>.

¹²⁷ See D.C. DEP’T OF CORR., POLICY AND PROCEDURE: FOOD SERVICE PROGRAM 2120.3E (2015) 3, available at <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%202120.3E%20Food%20Service%20Program%2004-27-2015.pdf>.

¹²⁸ See *supra*, note 19.

are also able to participate in a five-week course for the purpose of earning a food service certification. The course is offered every month. Staff reported that 18 of 22 inmates who participated in the program in August 2017 earned a certification.

C. Inmate Comments

During FY 2017, the CIC heard from persons at DOC regarding food at both facilities. Here are some of the main issues:

- Using commissary to supplement meals – Many indicated that the food provided by the DOC was insufficient or not good, so when possible, they buy food from commissary/the canteen instead. One person said that he is eating mostly from commissary. Another said that he spends \$50-\$60 per week on commissary, with funds coming from family members.
- No hot lunches – Despite reports from CDF staff that 99% of meals are hot, the CIC has received reports that lunch is bologna sandwiches and there is usually a hot meal for dinner. On the day of the CIC inspection, inmates reported that there was a hot meal for lunch and then inmates were given bologna sandwiches for dinner.
- Inmates reported that sometimes the milk that inmates are given is expired.

XVII. Religious Services

June 2017, the CIC toured the chapels located at the CTF.

The DOC provides inmates with religious services, individual religious counseling, programs, diets, holiday services and activities, and religious items.¹²⁹ “It is DOC policy to provide inmates with the opportunity to participate in practices of their religious faith that are deemed essential by the faith’s judicatory and limited only by approved operational concerns.”¹³⁰ Inmates are able to participate in the practices of their faith, unless it “poses a threat to inmate safety or disrupts the safety, security or order in the facility.”¹³¹ The DOC Chaplain is Rev. Samuel Whittaker, a former CIC board member.

Chaplains have access to units at the CDF in order to lead group worship services and also to meet individually with clients. On status units, inmates are to have access to “religious guidance” provided by the chaplains.¹³² The DOC Policy and Procedures for Religious Services states that “The Chaplain’s office shall obtain a weekly printout of religions preferences to ensure participation in designated religions services/programs. The printout shall contain the inmate’s name, DCDC number, housing unit, cell number and the identified religious preference.”¹³³

The DOC Office of Chaplaincy Services is directed to consult with different faith groups that are represented in the inmate population in order to approve religious diets.¹³⁴ Religious fasts are also permitted.¹³⁵ Inmates have access to certain religious items including prayer rugs, shawls, softbound Bibles, Korans, and other religious reading material.¹³⁶ Inmates are also permitted to wear white headdress that do not cover the entire face.¹³⁷

A. CTF Religious Services

CTF reported that Christian, Jewish and Islamic (Sunni), services are offered to inmates. Staff reported that the most represented religion is Islam. There are two chapels in the CTF, one is a temple and the other is a chapel, where services and programs take place. In addition to religious services, there are other programs that take place in the chapel, such as Senior Adult Living (SALT) for men who are 50 and older. The DOC chaplain is assisted by volunteers and at the time of the CIC visit there were 20 religious volunteers. CTF staff reported that volunteers go to female status units two times a week (Sunday and Wednesday) to meet with inmates.

In the temple the CIC toured, there are ablution fountains for washing prior to worship, as well as prayer rugs. The walls were bare. In the chapel, which seats 60-70 people, there were three large crosses, a large circular window, as well as a drum set and keyboard. CTF staff explained that a bilingual inmate translates services for Spanish-speaking inmates.

¹²⁹ See D.C. DEP’T OF CORR., POLICY AND PROCEDURE: RELIGIOUS PROGRAMS 4410.1G (2016), available at <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%204410.1G%20Religious%20Programs%2010-10-2016.pdf>.

¹³⁰ *Id.* at 2.

¹³¹ *Id.*

¹³² See *id.*

¹³³ *Id.* at 5.

¹³⁴ See *id.* at 8.

¹³⁵ See *id.*

¹³⁶ See *id.* at 7.

¹³⁷ See *id.*

XVIII. Libraries

Inmates housed at the CDF and CTF have access to both legal and general library services, in order to “provide inmates with access to courts and other legal assistance” and “provide general library services for educational, cultural and recreational use.”¹³⁸ The general library is maintained by the District of Columbia Public Library (DCPL), and is located in the CTF. There is also a “Mobile Library” (a cart with a selection of books), so that inmates at the CDF and on status units can check out books from the general library. A law library is located at the CDF. In June 2017, the CIC toured the DCPL library at the CTF, and in September 2017, the law library at the CDF.

A. CTF DCPL Library

The DCPL manages the general library at the CTF as part of a three-year partnership between the DOC and DCPL. When the CIC visited in June, staff reported that there were about 800 books currently available to inmates with an additional 200 expected to be acquired in the upcoming weeks. Each unit is scheduled to go to the library once every week, with female inmates scheduled between 8:00am and 11:00am, and male inmates between 1:00pm and 4:00pm. Staff reported that the library had implemented programs modeled after programs in community libraries – such as talks with authors and a summer reading program, where inmates can earn points and prizes for reading achievements. At the DCPL library, inmates also have access to some legal material, including a version of LexisNexis.¹³⁹ There are eight computers available for inmates to access LexisNexis materials. Copies of legal documents are free, but all other copies of documents cost \$15 per sheet of paper.

Additionally, the DCPL manages the Mobile Library, which is a cart with “a rotating schedule with a robust selection of books.”¹⁴⁰ The Mobile Library travels to the medical units, Juvenile Unit, and status units at the CTF. In addition, the Mobile Library travels to all units of the CDF – this is the only general library service available for CDF inmates. On both the tour of the CTF and the CDF, staff reported that the Mobile Library travels to most of the relevant units once a week.¹⁴¹ Inmates can check out two books at a time.

B. CDF Law Library

The CDF operates a law library where inmates have access legal materials. Law librarians maintain necessary reference materials for informational and legal purposes and new materials are acquired based on requests from inmates, the purpose of the material, the popularity, the authoritativeness of the publisher, etc.¹⁴² “Each housing unit is scheduled to visit the Law Library for two (2) hours each

¹³⁸ See D.C. DEP’T OF CORR., POLICY AND PROCEDURE: LIBRARY SERVICES 4160.4F (2017) 2, available at <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%204160.4G%20Library%20Services%202007-21-17.pdf>.

¹³⁹ LexisNexis is a “provider of legal, regulatory and business information and analytics” that makes laws and legal resources available in an online database. LEXISNEXIS, *About LexisNexis*, <https://www.lexisnexis.com/en-us/about-us/about-us.page>.

¹⁴⁰ See LIBRARY SERVICES, *supra*, note 138 at 14.

¹⁴¹ However, in the DOC Police and Procedure on Library Services, it says that inmates in CDF status units must complete a request slip for Mobile Library Services. See *id.* at 15.

¹⁴² *Id.* at 4.

week. Schedules are posted in each housing unit.”¹⁴³ During the CIC tour, staff reported that the law library could have a maximum of 20 inmates during each two-hour shift. When the CIC visited, there were two inmates working detail in the library.

Inmates on status units are not permitted to go to the law library. Instead, inmates on restrictive housing units can submit requests through a case manager for access to law library materials or can request to meet with a law librarian for assistance.¹⁴⁴ In addition, a law librarian conducts a weekly walk through of the units to address inmates’ needs regarding library and/or legal reference materials.¹⁴⁵

At the time of the CIC tour there were 15 computers available at the law library for inmate use, although staff reported that there are typically 17. Staff explained that inmates have access to LexisNexis CD. Some of the documents available through LexisNexis CD include the DC Code, a selection of DC Cases, the Federal Code, and Federal Court Rules. The Public Defender Service Criminal Practice Institute (CPI) manual from 2006 containing information about criminal law procedures is also available. Legal copies are free. “If an inmate requests additional Law Library time, they can seek assistance from their attorney to arrange for the use of a laptop with Lexis capabilities in South 1 through the DOC Office of General Counsel.”¹⁴⁶

Staff showed the CIC a new machine that the library recently acquired (that can read audio from a computer document out loud, so that someone who is illiterate or visually impaired can listen.

¹⁴³ *Id.* at 5.

¹⁴⁴ *See id.* at 8.

¹⁴⁵ *See id.*

¹⁴⁶ *See* LIBRARY SERVICES, *supra*, note 138 at 5-6.

XIX. Visitation

The DOC has two types of visitation: video visitation and face-to-face visits. The CTF has contact visits in an open visitation room, while in-person, face-to-face visits at the CDF are non-contact visits separated by Plexiglas. The process for contact visits at the CTF and the CDF are explained in the sections below. On the June 2017 visit, the CIC toured the CTF visitation room, and on the September 2017 visit, the CIC toured one of the visitation rooms located on the third floor of the CDF.

A. CTF Visitation

Inmates at the CTF – with the exception of inmates on status units and juveniles – are permitted to have one social contact visit per week, with people who are listed on their 12-person visitation list.¹⁴⁷ At one time, inmates can have up to five adult visitors, or two adult visitors and three minor children.¹⁴⁸

The visitation room is a large room that has 23 round tables, where both social and legal visits occur. There are additional small rooms where legal visits can be held. Staff reported that social visits are held Monday-Thursday, between 3:00pm and 7:00pm. Each unit has assigned visitation days. Friday is reserved for inmates who are government witnesses or in the Witness Security Program.

Staff reported that visits between juvenile inmates and their families occur on Saturdays, by appointment. See Section IX for information on juvenile visits, which can occur once a month as opposed to once every week.

After DOC assumed operations at the CTF, the CIC received complaints from attorneys that wait times to conduct legal visits was very long, at times more than 2 hours. They indicated that at times there was not sufficient staffing to both escort inmates to the visiting area and monitor visitation.

B. CDF Visitation

Those in their first 60 days of detention and those who do not qualify for in-person visits after the first 60 days due to conduct have social visits through video visitation. For video visits, a family member, listed on the inmate's approved visitation list schedules a visit online or via phone, no later than 24 hours before the visit.¹⁴⁹ Family members go to the Video Visitation Center, which is located at the DC General Hospital complex, or to one of the satellite locations in DCPL locations.¹⁵⁰ The Video Visitation Center is open from Wednesday to Sunday between 11:00am and 10:00pm, and inmates may have two 45-minute video visits per week.¹⁵¹

In CDF, "DOC inmates who have been incarcerated for a period of 60 days or more, who have not incurred a sustained disciplinary violation for a period of at least 30 days will be afforded one 30-

¹⁴⁷ See D.C. DEP'T OF CORR., POLICY AND PROCEDURE: INMATE VISITATION 4081.1 (2016) 12-13, available at <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%204081.1%20Inmate%20Visitation%2011-15-2016.pdf>.

¹⁴⁸ See *id.*

¹⁴⁹ See *id.* at 6.

¹⁵⁰ See *id.* at 8.

¹⁵¹ See *id.* at 9.

minute face-to-face visit per month.”¹⁵² Visits are on the first consecutive Monday and Tuesday of each month (split based on the last names of inmates, so that half of the alphabet is on Monday and half is on Tuesday), between 10:00am and 3:00pm, and 5:00pm to 8:00pm.¹⁵³ Visits can be two adults, or one adult and two minor children.¹⁵⁴ Visitation occurs on the visiting hall that is located on the same floor (1, 2, or 3) where the inmate is housed.¹⁵⁵

Each floor has a visiting hall where there is space for legal and social visits. There are phones on either side of a Plexiglas window. Incarcerated men sit along a bench on their side, and there are chairs by each phone set on the visitor side, with no privacy separations between phone stations. The halls also have private visiting rooms (with windows for video observation), with tables and chairs for legal visits.

C. Inmate Comments

During the inspections and through other correspondence, the CIC received comments about visitation.

- One inmate reported that the video visitation is not good: it is hard to see family, the monitors that work have a blurry picture, and some monitors are broken.
- Another man reported that he has had an in person visit once a month, pursuant to DOC’s resumption of face-to-face visits at CDF.
- For video visits, inmates reported that sometimes the screens do not work, but no one is on-call to come and fix the monitors.
- Inmates reported that there is no privacy on video visitation calls: they are recorded and staff members watch while the calls are going on.
- Visitors have complained that the Video Visitation Center at DC General is dirty.

¹⁵² *Id.* at 12.

¹⁵³ *See id.* at 12.

¹⁵⁴ *See id.*

¹⁵⁵ *See id.*

XX. Recreation

In June 2017, the CIC toured the gym in the CTF where indoor recreation activities take place. In September 2017, the CIC toured the outdoor recreation space at the CDF. At the CDF, indoor recreation activities take place on the units, which consists of a basketball court space that is less than half the size of a regulation basketball court, and on some status units, the recreation spaces are cages.

Generally, inmates at the CTF and the CDF participate in both indoor and outdoor recreation and leisure activities.¹⁵⁶ Any cancellations of outdoor recreation that apply to the entire inmate population are made by the warden or the warden's designee.¹⁵⁷ The amount of recreation time that one has is dependent on his or her security classification and housing unit. Inmates who live on a general population housing unit have five hours of indoor "out-of-cell activities per day for the purposes of physical exercise, leisure activities [games, spots, physical fitness, health education classes, art, unit intramural activities, etc.], social telephone calls, watching TV and attending to personal grooming such as haircuts and showers."¹⁵⁸ The DOC policy and procedures for inmate recreation say that recreation for female and juvenile inmates "follow the recreational schedule provided by the Correctional Treatment Facility."¹⁵⁹ Inmates on status units (restrictive housing units) are allotted a minimum of two hours out-of-cell time per day.¹⁶⁰ All allotted recreation times are for weekdays only.

A. CTF Recreation Area

The CTF gym is used by female, male, and juvenile inmates, as well as inmates in the Witness Security Program operated by the USMS. CTF staff reported that inmates have recreation in the gym for one hour, Monday-Friday. Recreation is supervised by five officers. The gym has six basketball hoops, exercise equipment, and a table-tennis table. In addition, inmates may participate in yoga, meditation, Zumba, and watch movies. CTF staff also said that on the weekends there are sometimes "incentive activities" such as basketball tournaments.

B. CDF Rec Yard (Outdoor)

The CDF Rec Yard consists of a black top, half of which was a basketball court (with two basketball hoops) and the other half was set up for soccer (with two soccer nets). Around the perimeter were four pull-up bars, four dip stations, and one exercise bike. There was also a working water fountain against one wall. CDF staff informed the CIC that the general population units are typically allowed to use the Rec Yard once a week, Monday-Friday.

C. Inmate Comments

¹⁵⁶ See D.C. DEP'T OF CORR., POLICY AND PROCEDURE: INMATE RECREATION PROGRAM 4154.1F (2016), available at <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%204151.1F%20Inmate%20Recreation%20Program%2012-19-2016.pdf>.

¹⁵⁷ See *id.* at 4.

¹⁵⁸ *Id.* at 5-6.

¹⁵⁹ *Id.* 6.

¹⁶⁰ See *id.*

The CIC received comments about the frequency and quality of recreation, both on and following the inspections.

- The CIC received reports that outside recreation does not typically occur at the CDF.
- One man said that outdoor recreation time once a week for one hour, is not consistent.
- Another man reported that sometimes men had outside recreation, but the only time he had been outside (other than going to court) was on Halloween. However, for inside recreation, he has had getting five hours out-of-cell time.
- The CIC also received a report that outdoor recreation was suspended for a time in August due to lack of staff to supervise it, but it started up again by the end of August.
- There were reports that outdoor recreation at 7am is difficult because it can be very cold, but jackets are provided.

Appendix A. Methodology

The CIC regularly collects information on the Central Detention Facility (CDF) and the Correctional Treatment Facility (CTF). In FY2017, the CIC conducted an onsite inspection of the CTF on June 22-23, 2017, and an onsite inspection of the CDF on September 26-27, 2017.

In addition to informal conversations with inmates during the site tours, the CIC communicated with inmates housed at DOC facilities through legal visits. The DOC did not provide the inmate roster containing names and DCDC numbers. Without a list that identified inmates, the CIC was limited to requesting visits that CIC staff came into contact with while on the tours or via phone calls from inmates and their loved ones.

On October 24, 2017, the CIC sent a document request to DOC pursuant to D.C. Code § 24-101.01(f)(1) (2011) to gain additional information for its report on the DOC. The DOC sent a response to the CIC's request for documentation on January 19, 2018. See the chart below comparing the information that was requested by the CIC and the information that the DOC provided.

CIC Document Request and DOC Provided Information

Documents Requested by the CIC	Information Sent by the BOP
Inmate Roster as of September 30, 2017: <ul style="list-style-type: none">-Inmates Full Name-DCDC Number-Booking Date (if applicable)-Projected Release Date (if calculated)-Demographics (Gender, Race, Age or DOB)-Building (CDF, CTF, Hope Village, Fairview, Other) and Unit Location (if applicable)-Security Level-Status (Pretrial, Sentenced Misdemeanant, Awaiting Transfer, Short-Term Sentenced Felon; USM Inmate, Juvenile, Other)	Inmate Roster as of September 30, 2017 <ul style="list-style-type: none">-Booking Date-Projected Released Date-Demographics (Race, Sex, Age)-Building (CDF, CTF, Hope Village, Fairview, Weekender)-Security Classification-Status (Pretrial Misdemeanant, Sentenced Misdemeanant, Pretrial Felon, Sentenced Felon, Parole Violator, Writ/Hold, Other)
Staffing Information as of September 30, 2017: <ul style="list-style-type: none">-Number of all DOC and contract staff positions at the facility-Number and title of current vacancies at the facility-Staff-to-inmate ratio	Staffing Information as of September 30, 2017: <ul style="list-style-type: none">-Number of DOC and contract staff-Number and title of current vacancies at the facility-Staff to inmate ration for DOC
Disciplinary Infractions for FY2017: <ul style="list-style-type: none">-Breakdown of the type violation	Disciplinary Infractions for FY2017: <ul style="list-style-type: none">-Breakdown of the type violation

-Determination -Disciplinary action (if any)	-Determination -Disciplinary action (Sanction Length)
Inmate Grievance Procedure Remedies and Responses for FY2017: -Breakdown of the type and subject of the filings -Determinations -Corrective action (if any)	Inmate Grievance Procedure Remedies and Responses for FY2017: -Breakdown of the type and subject of the filings
Programs Profile Reports for FY2017: Information on programs and special programming units, with the following: -Number of inmates in each program -Number of inmates in each programming unit -Number of successful completions -Number of suspensions or expulsions from each program.	Programs Profile Reports for FY2017: -GED (number of test takers, number of inmates who passed) -Re-Entry Program (number of participants, number expelled, number transferred, number released, number who completed) -RSAT (number of participants, number who completed, number who were transferred, number who dropped out, number who failed to meet program requirements, number released) -DOES Work Readiness (number of participants, number who completed, number who were removed)
Restrictive Housing as of September 30, 2017: -Number of inmates held in disciplinary segregation -Number inmates held in administrative segregation -Number of inmates held in protective custody (as distinct from administrative segregation). For all of FY2017: -Average length of time per inmate held in disciplinary segregation -Average length of time per inmate held in administrative segregation -Date when DOC discontinued use of restrictive housing for Title XVI Juveniles	Restrictive Housing as of September 30, 2017: -Number of inmates held in disciplinary segregation -Number inmates held in administrative segregation -Number of inmates held in protective custody (as distinct from administrative segregation). For all of FY2017: -Average length of time per inmate held in disciplinary segregation -Average length of time per inmate held in administrative segregation
Inmate Deaths for FY2017: -Number of inmate deaths -Cause of death	Inmate Deaths for FY2017: -Number of inmate deaths -Documented causes
Suicide Attempts for FY2017: -Number of inmate suicide attempts -Method of attempt	Suicide Attempts for FY2017: -Number of inmate suicide attempts -Method of attempt

Use of Force for FY2017: -Incidents of use of force -Type -Cause -Duration -Number of staff involved -Number of inmates involve -Reported injuries (if any)	
---	--

The CIC also requested that the DOC and CIC enter into Memorandum of Understanding (MOU) to establish procedures for and facilitate regular inspections of DOC facilities, with quarterly meetings with the DOC, and access to DOC data to further inspection and monitoring. The DOC has not agreed to enter into such an MOU. Therefore, the CIC is limited to reporting information that is collected during intermittent inspections and limited information received from DOC on an informal, inconsistent basis.